The Connecticut Individual Development Account Initiative

Policies and Procedures Manual

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This Manual was developed by the Connecticut IDA Clearinghouse, under the auspices of the Connecticut Department of Labor. This Manual is the property of the Connecticut Department of Labor and may not be reprinted without written permission.

Some of the forms and policies in this Manual were adapted from those developed by the Corporation for Enterprise Development, 777 North Capitol Street, NE, Suite 410, Washington, DC 20002.
The Connecticut Individual Development Account Initiative

**NOTE:** This IDA Policies and Procedures Manual contains information that pertains to all IDA Programs administered by the Connecticut Department of Labor (DOL). You will receive a separate insert with information that is specific to the program you are operating.

**What is the CT IDA Initiative?**

The Connecticut Individual Development Account (IDA) Initiative is a multi-year project funded by the State of Connecticut and administered by the Connecticut Department of Labor. There are currently two separate IDA programs under this Initiative:

- The Connecticut IDA Program
- The Housing Trust Fund Program

**What are IDAs?**

IDAs are matched savings accounts in which low-income individuals and families accumulate funds that can be used for one of several allowable assets.

Depending on the grant, DOL IDA Programs allow Participants’ IDAs to be used for the following six allowable assets: a home, small business capitalization, higher education or job training for the participant, higher education or job training for a dependent child, a vehicle if needed for employment and a lease deposit on an apartment.

*(See the program-specific insert for the asset(s) that are allowed under the program you are operating.)*

**The Goals of the CT IDA Initiative**

- To provide the means for low-income individuals and families to achieve economic self-sufficiency by utilizing the asset-building approach of IDAs;
- To provide education and training to Participants to give them the knowledge necessary to assist them in building their assets, in knowing how to use these assets in the most effective way, and in making their dreams a reality;
- To encourage individual initiative and long range planning;
• To encourage lifetime savings habits in Participant families;

• To familiarize low-income families with financial institutions and increase their comfort level with such institutions;

• To contribute information to the IDA and asset building fields on the extent to which IDAs and other asset-building programs increase self-sufficiency, stabilize families, and improve neighborhoods and communities.
Staffing

Staffing for an IDA Program requires two positions: A Program Director and a Case Manager. The Case Manager works directly with the Participants, providing case management and, in some cases, teaching the Financial Education classes and coordinating the Asset-Specific Training. Some agencies might choose to have several Case Managers working with different IDA Participants. Often the Program Director and Case Manager positions are filled by the same person.

Use of Grant Funds

No less than 85% of the grant can be used as matching contributions to IDAs.

Up to 15% of the grant may be used for IDA program support services and administrative functions related to the IDA Program.

- Program support services include, but are not necessarily limited to: case management, budgeting assistance, financial education and credit counseling.
- Administration functions include, but are not necessarily limited to: program management, reporting, recruitment, enrollment and monitoring.

Modifying the number of IDAs

A Program may modify the number of IDAs per qualified expense according to IDA Program Participants’ interests and needs, but must notify DOL if it does so. Also, depending on the savings goals of Participants and their asset purchase costs, it might become possible to increase the number of IDAs, with prior approval from the Connecticut Department of Labor. In all cases, at least 85% of the grant must be used to match IDA savings.

Program Overview/Program Components

The IDA Program consists of the following components:

- Participant Recruitment
- Orientation
- Application Process
- Assessment and Selection
- Family Self-Sufficiency Plan and Family Mission Statement (Optional)
- Savings Plan Agreement
- Financial Education Training
- Individual Development Accounts (IDAs)
- Case Management/Crisis Intervention
- Asset Specific Training/Savings Clubs
- Post-Employment Support Services
- Purchase of Asset
- Post-Purchase Follow-Up and Support

Participant Recruitment

Community-Based Organizations (CBOs) have years of experience and a wealth of existing clients to draw upon for the IDA Program. Marketing through your existing programs is an especially effective way to recruit.

The IDA Program requires trust and a large commitment on the part of the Participant. The trust that you have already established with existing clients is a solid foundation, which makes your existing client base a good source for potential Applicants.

Another good way to recruit is through income tax preparation sessions that your agency offers. All agencies operating IDA Programs should offer a tax preparation program to assist low-income individuals in filing for the Earned Income Tax Credit (EITC). These sessions are very useful for recruitment into the Program. Participants can put part of their EITC into their IDA, provided they are in compliance with their monthly savings goals as agreed to in their Savings Plan Agreement. Tax preparation or VITA sites are also good opportunities to link individuals with other asset-building programs (e.g. financial education, savings accounts, investing, retirement planning, health insurance, homeownership programs, to name a few).

One thing to keep in mind is that it is not always as easy to recruit for an IDA Program as you might expect. We are asking individuals and families to commit to changing behavior and to participate in a multi-year Program. Not everyone is ready to make this commitment.

Suggested means of recruitment:

- Flyers (sample flyers are included in the Appendix)
- Market through your existing programs; referrals from staff
- Section 8/Family Self-Sufficiency Programs
- Flyers to schools, Family Resource Centers
- Former service recipients and word-of-mouth
- Local stores and employers
- Referrals from other agencies
- Referrals from One-Stop Career Centers, DSS, Head Start
- CT DOL Job Centers and CT DOL Jobs First Employment Services contractors
- Public Service Announcements and feature stories in local media. (A sample Press Release is included in the Appendix)
Orientation

The Orientation Session should cover the basic principles of the IDA Program and the application process to become part of the program. (An Agenda Outline for a typical Orientation Session can be found in the Appendix.)

Orientation sessions should be held at times that are convenient for the individuals targeted for recruitment and for working families. If possible, provide childcare services to make it easier for parents to attend the Orientation Sessions.

In addition to holding Orientation Sessions at the agency’s facilities, Program Operators may also decide to offer Orientation Sessions at other sites in the community.

Included in the Appendix is an Information Sheet for Prospective Participants that describes the IDA Program through a series of commonly-asked questions.

Application Process

Individuals wishing to be considered for the program can fill out an IDA Pre-Application Form (See Appendix). This is a short form on which an interested individual fills out basic contact information that the IDA staff can use to schedule an interview with the Applicant. The Pre-Application Form is not a requirement but can be used if it is helpful to your program.

At the interview the Case Manager will work with the Applicant in filling out the Application Form (See Appendix). This form will supply the information needed to determine financial eligibility for the Program, and will also provide data needed for reporting and evaluation.

All applications should be kept on file. If no slots are currently available, individuals who have applied will be considered for entrance into the Program if slots become available in the future. New Participants will be brought into the Program according to the order in which their applications were received.

In the Appendix you will find an IDA Participant File Checklist. This is a list of all documentation that should be kept for each Program Participant. IDA Staff can use the form to make sure all proper documentation is collected and placed in each Participant’s file, which can be kept electronically or as hard copies. This file should be updated each time a Participant completes a Program milestone.

Eligibility

Please see the insert that is specific to your program.
Assessment

After an Applicant’s financial eligibility is determined, an interview with the IDA Program Operator or his/her designee is a prerequisite for acceptance into the Program. The IDA Program Operator shall determine whether the Applicant may be accepted into the IDA Program. Not all Applicants who are financially eligible are suitable for the program. In the Appendix, you will find an Assessment Tool, with some suggested questions you might want to use to help you determine if an individual is suitable for acceptance into your IDA Program.

Here are some additional Guidelines for assessing Applicants’ suitability for the Program:

- Individuals who demonstrate high levels of interest and motivation as well as an ability to participate in six-weeks of Financial Education Training and monthly Savings Clubs should receive priority.

- Self-selection is an important criterion. If an Applicant is interested in the Program and enthusiastic about the concept of asset building and IDAs, chances are s/he will make a good Participant.

- Be careful of making assumptions based on income levels. Sometimes Participants with the lowest incomes are the best savers.

- It can be advantageous to choose individuals that you have worked with previously. You already have a track record with them and are better able to judge their appropriateness for the Program.

- If the entire family is enthusiastic about the Program, it will increase the likelihood of success. The determination of one member of the family to change behavior around saving and spending can be undermined if their spouse/partner or children constantly sabotage the process.

- One thing to remember – IDAs are not for everyone, and not for everyone at this time. Some families might not be ready this year to enter the IDA Program, but they may be ready next year, after some additional work around issues such as budgeting, credit repair or job training. It is important that you convey this to Applicants who are not chosen for entry into the Program at this time.

Selection

In the Appendix you will find a sample Letter of Acceptance into Program that can be used to inform Participants of their acceptance into the IDA Program.

Once a Participant is determined eligible and admitted into the IDA program, they remain eligible, even if their income goes up and they then exceed the eligibility criteria.
Family Self-Sufficiency Plan and Family Mission Statement (Optional)

When a group of Participants has been accepted into the Program, you may want to schedule one or two group sessions (before you start your Financial Education classes) to have the Participants work on their Family Self-Sufficiency Plan and Family Mission Statement. (This can also be done with individual families.)

Developing a Family Self-Sufficiency Plan and working on a Family Mission Statement is something in which the whole family can be involved. By helping Participant families start to think and talk about their values, hopes and dreams we assist them in taking an important first step toward developing their IDA goal and their Savings Plan.

A copy of a worksheet to help Participant families think through some of the issues that go into developing their Family Self-Sufficiency Plan and their Family Mission Statement is included in the Appendix.

Savings Plan Agreement

The Savings Plan Agreement (a sample is included in the Appendix) reflects a commitment between the Agency and the IDA Program Participant. The Case Manager works with each Participant to develop their Agreement. The Savings Plan Agreement must be signed before a Participant opens their IDA, typically after the fourth Financial Education class. The Savings Plan Agreement is a mandatory part of the IDA program and must include the following:

- Savings Goals, including a proposed schedule of savings deposits;
- The rate at which the Participant savings will be matched;
- The asset(s) for which the Participant is saving;
- An agreement by the agency to provide Financial Education classes, and an agreement by the Participant to attend the classes;
- An agreement by the agency to provide Asset-Specific and/or other training related to the asset(s) being saved for, and an agreement by the Participant to attend;
- Contingency plans in case the Participant exceeds or fails to meet projected savings goals or schedules;
- An explanation of withdrawal procedures and limitations, including the emergency withdrawal policy, the requirement that no matched withdrawal can be taken until six months have passed from the time of the first IDA deposit, and the consequences of unauthorized withdrawal;
- Provision for the disposition of the funds in the event of the Participant’s death and the name of the beneficiary;
• Provision for the amendment of the Savings Plan Agreement with the concurrence of the Agency and the Participant, including but not necessarily limited to leaves of absence from the program, savings goal or schedule modifications and qualified asset changes;

• The Program operator’s obligation to establish in a timely manner an Individual Development Account on behalf of the Participant;

• A statement that the Participant’s participation in the IDA program shall not extend beyond the end of the grant period;

• An explanation of the means by which deposits may be made to an IDA;

• An explanation of the disposition of unclaimed funds.

Individual savings goals will be based on the asset the Participant is saving for, the cost of the asset, the amount of time in the Program, and the Participant’s ability to save. The Plan will specify a weekly, bi-weekly, or monthly amount that must be deposited in the IDA in order to reach the Participant’s goal.

It is important that we help Participants set challenging yet realistic goals for their IDA deposits. We want to foster and encourage success, not set them up for failure.

Participants meeting the terms of their Savings Plan Agreement should be encouraged to put part of their EITC refunds into their IDAs. This will enable them to reach their goals even sooner.

**Maximum Savings Goal**

**Please see the insert that is specific to your program.**

**Participation of Minors**

Minors are eligible to participate in the Program, provided they are members of eligible households, and provided the asset(s) being saved for is appropriate. However, since a requisite part of the Program is for a Participant to sign a Savings Plan Agreement, it is important to consider whether a minor can understand and agree to the stipulations in the Agreement. If a minor is admitted into the Program, the Savings Plan Agreement must be co-signed by a parent or guardian.

**Financial Education Curricula**
All program Participants are required to attend a minimum six-week (12-hour) Financial Education course. Completion of the course is a requirement of remaining in the Program. Several cycles of the Financial Education training can be offered during each Program year, so that Participants can begin the course as soon as possible after acceptance into the Program. Fewer cycles of the Financial Education classes may be needed after the first and second years of the Program, since most of the Participants will have already completed the classes by then.

An IDA Program Attendance Sheet is included in the Appendix which you can use to record Participants’ attendance at Financial Education classes, Asset-Specific Training and other Program events.

Two Financial Education Curricula recommended by DOL are:

1. **Money Smart**, a curriculum available from the FDIC. Money Smart can be ordered through the FDIC website: [http://www.fdic.gov](http://www.fdic.gov).

2. **MoneyWi$e**, developed by Capital One and Consumer Action. For information on how to order MoneyWi$e materials, go to [www.money-wise.org](http://www.money-wise.org).

You are free to combine these curricula or add other materials to best serve your Participants. Both can be ordered free of charge.

If you choose to develop your own training or use another curriculum, it must include the following minimum training goals and curriculum elements:

**Minimum Financial Education Training Goals**

- Setting long- and short-term goals
- Developing household budgets
- Developing systems to keep records for budgeting and income tax purposes
- Identifying how, why and when to use credit
- Repairing negative credit histories
- Determining when, where and why to use financial institutions
- Using tax credits to increase financial security (e.g., Earned Income Tax Credit, Child or Dependent Care Credit, etc.)

**Minimum Financial Education Curriculum Elements**

- Financial goal setting; money values
- Net worth and income determinations and budgeting
- Record keeping
- Responsible credit choices and usage; costs and projections
- Credit reporting, credit repair
- Fair debt collection
- Credit and consumer rights
• Banking: checking and savings options
• Financial safety (e.g. safeguards from fraud, credit/debit card loss, etc.)
• Tax return preparation and tax credit application counseling and assistance

You may supplement the course content or materials as you feel necessary. For example, you might want to bring in experts from the community to speak to the class on taxes, banking, credit or other topics. You should discuss the curriculum with presenters beforehand, to ensure that they are covering the necessary topics.

Be sure that the Financial Education classes are accessible to the Participants and responsive to their needs. Your agency must ensure that Participants in need of extensive credit counseling receive it.

If at all possible, consider offering childcare and transportation to Participants to make it easier for them to attend the classes. What works well is to provide a light supper for Participants and their children, and then have the children go to another room for activities while the parents are having their class. You might want to work with the children on financial education and asset building. You can talk to them about what their parents are learning and what the IDA Program is about, geared to the child’s level of understanding. Asset-building activities with children should focus on identifying and building upon their personal, educational and community assets, as well as financial assets. There are Financial Education curricula available for children.

The IDA Program is a family Program, and the more the children understand and support their parents in their saving patterns, the greater the likelihood of the family’s success.

Since most of your Participants will be working during the day, it will probably be necessary to schedule the Financial Education classes in the evening or on Saturdays to accommodate Participants’ schedules.

Online Financial Education Curriculum is also available. In some circumstances, you might need to have a participant take the Financial Education course independently, perhaps because their work schedule or a disability will not allow them to attend meetings. For situations such as these, an online version of Money Smart is available at: http://www.fdic.gov/consumers/consumer/moneysmart/mscibi/mscibi.html

Credit Counseling

Programs must provide credit counseling to account holders, as needed. The long-term nature of the IDA program gives program staff the chance to work with participants over time to help them improve their credit. Credit counseling can be done by the IDA Case Manager, if s/he has the expertise, or through Money Management International (www.moneymangement.org). Credit counseling must include, but is not necessarily limited to: credit history assessment, credit repair assistance and credit stability counseling.
Individual Development Accounts (IDAs) Structure

- Accounts will be Custodial Accounts (in a bank or credit union) in which the agency is the custodian for the Participant. The Participant can deposit funds into the account, but cannot withdraw funds without the signature of the authorized agency staff member.

- The Participant’s Social Security Number is used when opening up the IDA. This will ensure that they receive a 1099 form from the bank each year indicating the interest that the account has earned. Agencies must take appropriate measures to ensure Participants’ Social Security numbers are safeguarded.

- Participants may make savings deposits in person, by mail, or through payroll deduction (recommended).

Opening the IDA

Participants will open their IDA during the time they are taking the Financial Education classes, typically after the fourth class, or as soon as possible thereafter. It is important that the bank/credit union branch where the accounts will be opened is accessible to Participants. The geographic location should be convenient, and the staff should be knowledgeable about IDAs.

It is a good idea to have a bank representative come to a Financial Education class before Participants go to the bank to open their IDAs. This way, Participants can meet the representative and have a contact when they go to the bank. Many times, this is the first encounter that a Participant has had with a financial institution. By arranging for them to meet the bank representative first, we can help reduce the anxiety level for them and make it a more pleasant experience.

In the Appendix you will find a copy of a Letter to Communicate IDA Opening Procedures to Financial Institution Staff. This is a letter that Participants can present at the bank when they go to open their IDA.

Ownership of IDA funds

The funds deposited by Participants in their IDA are their money, and the Program Operator can never refuse to allow a Participant to withdraw them. It must be clearly understood, however, that the Participant thereby loses any matching funds and must exit the Program (except in the case of an approved emergency withdrawal). See Section on Emergency Withdrawals for further guidance.

Case Management/Crisis Intervention
One-on-one Case Management is a critical component of any IDA Program. It is an ongoing process that lasts for the length of the Program, and continues for three to six months after a Participant has purchased their asset. The Case Manager provides encouragement and support to help the Participant adhere to their Savings Plan, as well as ongoing counseling and crisis intervention.

The importance of a well-trained Case Manager to Participants’ success in the Program cannot be overstated. The Case Manager’s role is especially important to support Participants and ensure that they remain in the Program when an emergency situation arises in their lives. During a crisis, Participants might think that their only option is to close their IDAs and withdraw from the Program. The Case Manager can help find options for them.

Case Managers should ensure that Participants receive whatever supports they need to maintain their employment so that they can adhere to their savings goals.

Case Managers need to be sure that those Participants who are currently enrolled in Jobs First Employment Services or Welfare-To-Work programs receive job retention services connected with these programs, including, but not limited to, collaborating with One-Stop Centers, Job Centers, Jobs First Case Management provider sites, and others that provide job placement and retention services.

Case Managers should contact Participants no less than once a month (more frequently during the first few months of the Program) during Program participation and once a month for a period of three to six months after asset purchase. It is important that the times set aside for Case Management are convenient for the Participant. Since most Participants will be working during the day, many of the Case Management sessions will take place in the evening.

In the Appendix, you will find an IDA Participant Progress Form, that Case Managers or other IDA Program Staff can use to document a Participant’s progression through the Program, starting with orientation and the determination of eligibility and ending with the successful (or unsuccessful) exit from the Program. The form can be used by IDA staff members to quickly review the status of Participants, identify where Participants may be stuck, and provide targeted Case Management in that area. This form should be updated each time a Participant completes a Program milestone.

Confidentiality

The Case Manager must assure the Participant of the confidentiality of any program or account information.

Specific Roles of the IDA Case Manager

- Assist with Orientation Sessions and assessment of Participants for the Program.
- Work with each family to develop a Family Self-Sufficiency Plan and Mission Statement and revise and update as needed. (Optional)

- Assist Participants with the development of their Savings Plan Agreement and other plans related to their asset-building goals.

- Counsel Participants on issues of budgeting, credit, and the importance of saving to reinforce what was learned in the Financial Education classes.

- Provide crisis intervention and assistance to prevent emergency withdrawals from Participants’ IDAs.

- Collaborate with the Department of Labor, Department of Social Services, One Stop Centers and other service providers if and when necessary to ensure Participant support and success.

- Work to ensure that Participants retain their jobs, increase their earnings and/or move into better paying jobs, so that they can continue saving from earned income.

- Review monthly account statements with Participants. During these monthly sessions, the Case Manager provides ongoing counseling on questions concerning deposits, withdrawals, budgeting and permissible uses.

- Recommend action on emergency withdrawals and asset purchases to the IDA Program Manager.

- Provide post-purchase follow-up and support

**Asset-Specific Training/Savings Clubs**

The purpose of the ongoing Asset-Specific Training is to ensure that Participants receive training on resources needed to purchase specific assets and on how to maintain their assets after purchase. Asset-Specific Training is provided through monthly Savings Clubs for the duration of the Program.

The Savings Clubs are also forums for Participants to discuss their concerns and issues of importance to them, and to share their successes, report on raises and promotions, and receive peer encouragement. They might also discuss work-related issues and other topics. Savings Clubs provide a supportive atmosphere to help Participants cope with issues that might arise on their job.

Additional training and education opportunities as well as resources available to help increase their employment marketability and earning potential may be shared with Participants at Savings Club meetings. Job retention and advancement also may be a focus of Savings Club meetings.
Participants begin attending the Savings Clubs after they have graduated from the Financial Education course. They must attend at least 70% of the monthly Savings Clubs in order to remain in the Program. IDA Program Managers have the discretion to excuse Participants from this requirement, providing that they receive and understand the information that was conveyed at the missed session(s).

**Savings Clubs Topics**

**Please see the insert that is specific to your program.**

Savings Clubs will be operated by IDA staff with the assistance of other community organizations. A List of Collaborative Partners who have agreed to assist with the Asset-Specific Training/Savings Clubs is included in the Appendix.

Case Management and counseling are offered, as necessary, during monthly Savings Clubs to help Participants resolve any emergencies that may arise.

**Workshop Evaluation**

Included in the Appendix is a Workshop Evaluation Form. This form should be given out to Participants at the end of each Financial Education class and Savings Club Workshop. Leave a few minutes at the end of the session for filling out the Form. Participants do not have to sign their names, so anything they put on the form is anonymous. The Evaluation Form is a good way for you to gauge the impact of the presentation, to gain insights into what methods are most effective for your Participants, and to learn what is going well and where there might be areas for improvement.

**Post-Employment Support Services**

Case Managers should be aware of Department of Labor employment services available statewide so that they can assist participants who are having employment-related issues, who are interested in improving their job skills, or who would like to pursue other job opportunities. To learn about the services DOL offers, go to: [www.ct.gov/dol](http://www.ct.gov/dol).

**Purchase of Asset(s)**

Funds may be withdrawn to purchase an Allowable Asset(s) no earlier than 6 months after the initial deposit by a Participant into their IDA, providing the Account Holder has reached his/her savings goal. If an IDA participant purchases an asset, and still has not accessed the entire allowable match, s/he may continue to save for an additional asset, until the maximum match is reached.
Allowable Assets

Please see the insert that is specific to your program.

Procedure for Purchasing an Asset

Written approval of both the Participant and the Program Manager must be obtained before the withdrawal to purchase an asset is made.

Neither the Agency nor the Partnering Financial Institution may require Participants to purchase assets or any related services through any particular provider. Partnering Financial Institutions may provide information and offer incentives for services related to qualified expenses, but these services shall be optional for Participants.

IDA Program Participants who are ready to purchase their asset should follow this procedure:

1.) Schedule a meeting with their Case Manager to discuss the asset they wish to purchase, their savings to date, and other relevant issues.
2.) Complete and submit an IDA Program Asset Purchase Request Form (See Appendix) to their Case Manager for approval by the Case Manager and IDA Program Manager.
3.) Make arrangements with their Case Manager to facilitate the withdrawal of funds from the financial institution where the IDA is held. Check(s) from funds in the Participant’s IDA and from the Reserve Fund can only be made out to the vendor, NOT the Participant.

IMPORTANT: The Program Operator shall ensure that the expenditure of funds for the purpose of purchasing an asset is lawful and prudent.

Asset Purchase Sign-Off Sheet

When a Participant purchases an asset, s/he must complete the Asset Purchase Sign-Off Sheet, found in the Appendix. By signing this document, the Participant attests that s/he has completed asset-specific training and fulfilled all requirements pertaining to the purchase of their asset. An IDA Program Staff member must co-sign the form as well. If an IDA Participant has saved for multiple assets, a separate Asset Purchase Sign-Off Sheet must be used for each.

If a Participant is saving for a certain asset(s), s/he must complete an Asset Purchase Plan. Please see the insert that is specific to your program, for more information.
**Post-Purchase Follow-Up and Support**

Case Managers shall provide three to six months of support to Participants after they have purchased their asset. Case Managers shall contact Participants at least once a month during this time to ensure that any issues related to the purchase or maintenance of their asset is resolved.

**Leave of Absence Policy**

IDA Program Participants may, from time to time, be faced with circumstances that make regular IDA savings impossible for a limited period of time. Leaves of Absence are designed to give Participants the opportunity to weather short-term financial crises, regain their financial equilibrium and ability to save, and remain a part of the IDA Program. As part of the Leave process, IDA Program staff will work with Participants to develop a strategy to respond to the financial crisis that precipitated the Leave request.

Leaves of Absence are not appropriate for Participants who are experiencing chronic rather than temporary financial crises and are not able or willing to work on a strategy for being able to make regular IDA savings deposits in the foreseeable future. A Leave of Absence Request Form and a copy of the entire Leave of Absence Policy and Procedures is included in the Appendix.

**Individuals Unable to Complete the Program**

A Participant might decide to withdraw from the Program for several reasons. If a Participant states that they are not able to continue saving or are having difficulties meeting the other requirements of the Program, the Case Manager should help the Participant identify resources or other ways that they can continue to meet their Program obligations. If, after counseling, the Participant decides to withdraw from the Program, the Participant will be given the money in their IDA and any interest accrued. They will not receive any matching funds.

IDA Program Participants who want to withdraw from the Program should follow this procedure:

1.) Schedule a meeting with their Case Manager to discuss the need for withdrawal from the Program and review alternative strategies to avoid Program withdrawal.

2.) If the Participant decides to withdraw from the Program, they should complete and submit an IDA Program Withdrawal Request Form (See Appendix) to their Case Manager for approval by the Case Manager and IDA Program Manager.

3.) Make arrangements with their Case Manager to facilitate the withdrawal of funds from the financial institution where the IDA is held. A Participant who withdraws from the Program only withdraws the funds (their deposits plus interest
earned) in their IDA – they DO NOT receive any matching funds or any interest accrued on the matching funds.

**Participant Complaint Policy and Procedure**

In the event a Participant wishes to file a formal complaint concerning a disagreement they have with the way the IDA Program is operated, there is a specific Participant Complaint Policy and Procedure that is in place. A copy of this Policy and Procedure is included in the Appendix.

**Measurable Outcomes**

Program operators will be expected to reach the measurable outcomes that they included in their proposal to DOL for funding.

**Data Collection**

IDA program staff must be computer literate and proficient in the use of MS Access, MS Word, MS Excel or any other software required by DOL for data collection. Appropriate training for program operators will be held.

**Personally Identifiable Information (PII)**

The Connecticut Department of Labor requires all IDA program operators to protect the confidentiality of any Participant data categorized as Personally Identifiable Information (PII).

PII is defined as information that can be used to distinguish or trace an individual’s identity, either alone or when combined with other personal or identifying information that is linked or can be linked to a specific individual. See OMP Memorandum M-07-17, dated 5/22/07, for more information: http://www.whitehouse.gov/sites/default/files/omb/memorandum/fy2007/m07-16.pdf

There are two types of PII:

**Protected PII:** This is information that, if disclosed, could result in harm to the individual whose name or identity is linked to that information (e.g., Social Security numbers, credit card and bank account numbers, home addresses, home telephone numbers, ages, birthdates, marital status, spouses’ names, educational history, biometrics (fingerprints, voice prints, etc.) medical history, financial information, computer passwords, etc.).

**Non-Protected PII:** This is information that if disclosed, by itself, could not reasonably be expected to result in personal harm (e.g., first and last names, e-mail addresses, business addresses, business telephone numbers, general education credentials,
gender, race, etc.). However, depending on the circumstances, a combination of several items of Non-Protected PII could potentially be categorized as Protected PII.

ALL Protected PII must be handled in a manner that will:
- Protect the confidentiality of the data
- Prevent unauthorized persons from retrieving such data by computer, remote terminal, or any other means. (Data may not be downloaded to, or maintained on, portable storage or mobile devices.)

An IDA grantee will be held in non-compliance if they fail to comply with the requirements governing Protected PII and/or improperly use or disclose PII for an unauthorized purpose.

Failure to comply with the requirements may result in one or more of the following consequences:
- The termination or suspension of the grant
- The imposition of special conditions
- Any such other actions that the Connecticut Department of Labor may deem necessary to protect the privacy of participants or the integrity of the data.

**Reporting**

Reporting to DOL is mandatory. A schedule for submitting reports, as well as any reporting forms, will be provided to program operators by DOL.

**IDA Coordinating Committee Meetings**

IDA program operators will be required to attend regular IDA Coordinating Committee Meetings, at such time and place as determined by the Connecticut Department of Labor.

**Monitoring**

Programs shall perform ongoing assessment of their IDA program, to ensure its successful implementation, as required by the Connecticut Department of Labor.
Managing the Financial Aspects of Your IDA Program

Individual Development Accounts

The central component of any IDA program is the IDA itself – the bank account into which each participant deposits their savings. IDAs are set up as custodial accounts at a local bank or credit union, with the Community-Based Organization operating the IDA program serving as the custodian for the participant.

Reserve Fund Accounts

Other accounts critical to the operation of your IDA Program are the following:

The Central Reserve Fund

The Central Reserve Fund (also known as the State IDA Reserve Fund) is established by CT DOL. State appropriations to the IDA Program and other contributions are placed in this Fund.

The Local Reserve Funds

The Local Reserve Funds are held in various Partnering Financial Institutions, with whom the local agencies have signed Agreements. Your agency deposits the IDA matching funds into the Local Reserve Fund. They remain in the Local Reserve Fund until such time as they are used to match Participants' savings. No other funds can be co-mingled in this fund. If you have several IDA grants with DOL, the funds from each grant must be in a separate Local Reserve Fund.

Role of Partnering Financial Institution

Your partnering financial institution must be a bank or credit union and must:

- Be federally insured and authorized to operate in Connecticut
- Have demonstrated financial integrity
- Have demonstrated the administrative capacity to hold and administer Individual Development Accounts and the Local Reserve Fund.

Your Agency must enter into a written agreement with the local Partnering Financial Institution(s) for the following services to be provided by the Institution (a Sample Financial Institution Partnership Agreement can be found in the Appendix).

- Permit Account Holders to deposit savings into their IDAs, in cash, by check, money order or by electronic transfer (direct deposit).
- Educate bank staff on IDAs.
- Provide monthly statements to the agency and, if requested, updates on the status of accounts and number of accounts opened.
- Assist individuals in opening accounts.
- Maintain accounts in accordance with applicable state and federal regulations.
- Offer financial services related to the establishment and maintenance of the IDA at no cost to the Account Holder.
- Offer at least a market rate of interest on IDAs; preferably higher.
- Ensure that no monthly service or other fees are charged to the IDAs.
- Ensure that any authorized withdrawals are processed properly.
- Provide a plan for the disposition of unclaimed funds.
- Banks may also offer auxiliary or complementary services to IDA Account Holders at their discretion, with the approval of the Program Manager. These might include Financial Education seminars, favorable pricing, assistance in recruitment of Program Participants, or other goods or services.

It is important that the bank be geographically accessible to participants.

**Match Rate**

*Please see the insert that is specific to your program.*

IDA Programs match at the rate specified in your contract with DOL. In no case will account holders’ savings be matched at a rate of less than 1:1 or more than 2:1. No more than two concurrent IDAs are allowed per household.

**Match Limits**

Funds to match Participants’ savings are not to exceed $3,000 per Account Holder for the duration of the Account Holder’s participation in the program.

**Saving More than the Allowable Goal**

Participants able to save more than the allowable goal will have even higher savings to be used towards purchasing their asset, although the maximum matching limitation applies regardless of higher personal savings. Any amount above the allowable goal...
must be deposited into a separate account opened by the Participant in their own name.

Lump Sum Deposits

Lump sum deposits into an IDA are not allowed, except for funds received from an EITC refund. Please Note: EITC lump sum deposits will not be allowed for participants that are not in compliance with their monthly savings goal as agreed to in their Savings Plan Agreement.

Interest

Participants earn interest on the funds that are in their IDA as well as on the funds that are allocated to them in the Local Reserve Fund. Interest earned on the IDA must be matched even if this results in a match that exceeds the $3,000 maximum limit.

Missed Deposits

If a Participant misses a scheduled deposit, the Case Manager will make every effort to contact the Participant (by phone and/or mail, as appropriate) to assess whether crisis intervention is necessary. Samples of Missed Monthly Deposit letters to Participants are included in the Appendix.

Emergency Withdrawal Policy

Participants are strongly discouraged from taking emergency withdrawals from their IDAs. However, in the event that a financial emergency arises, Participants are required to discuss their situation with their Case Manager. At this time every endeavor should be made to devise an alternative strategy to the emergency withdrawal. Emergency withdrawals are subject to approval by the Participant’s Case Manager and the Program Manager. Approval for emergency withdrawals can only be made in accordance with the Emergency Withdrawal Policy and Procedures (See Appendix).

Permitted Uses for Emergency Withdrawal Funds

Withdrawal Uses – Emergency withdrawals will only be approved when, in the judgment of the Case Manager and the IDA Program Manager, IDA funds are necessary to:

- Pay for medical care for the Participant, their spouse, or dependent;
- Make payments necessary to prevent eviction, or to prevent the foreclosure on a mortgage for the Participant’s principal residence;
- Enable the Participant to meet necessary living expenses (food, clothing, shelter, utilities) following the loss of employment.

**Amount of Emergency Withdrawals**

Program operators have the discretion to decide how much of their IDA savings a participant can take as an emergency withdrawal. Under NO circumstances may withdrawals include matching funds.

**Replacement of Emergency Withdrawal Funds**

Participants must reimburse their IDA for the monies withdrawn for an emergency within 12 months of the date of the withdrawal. Failure to do this may result in termination from the Program, and loss of any matching funds that have been reserved for the Participant. Forfeiture of the match and termination from the Program shall be at the discretion of the Agency’s IDA Program Manager.

Upon termination from the Program, the Participant will receive the remainder of the funds in their IDA as well as any accrued interest.

**Alternatives to Emergency Withdrawals**

In the event that a Participant applies to make an emergency withdrawal and the Program Manager does not approve the request that Participant may choose to:

1.) Make do without the emergency withdrawal and continue participating in the Program as before, or

2.) Withdraw from the Program and receive a full refund of all their IDA deposits and interest, but jeopardize any possibility of future Program participation.

**To Request an Emergency Withdrawal**

IDA Program Participants who are in need of an emergency withdrawal should follow this procedure:

- Complete and submit an Emergency Withdrawal Request Form (See Appendix) to their Case Manager.

- Schedule a meeting with their Case Manager to discuss the financial crisis that has created a need for the withdrawal and to review alternative strategies to resolve the crisis.
• If the request is approved by the Case Manager and IDA Program Manager, make arrangement with their Case Manager to facilitate the withdrawal of funds from the financial institution where the IDA is held.

• Work with their Case Manager to revise their Savings Plan Agreement that will allow withdrawn amounts to be re-deposited within 12 months and to ensure that this emergency does not keep them from reaching their IDA savings goal.

**Unclaimed Funds Policy**

Occasionally, IDA participants will leave the program or be terminated from the program and still have money left in their accounts (usually a small amount). The following steps will assist you in this situation:

1) Steps Program Operators should take regarding the Participant:

   Perform due diligence to be sure that you have made every effort to contact the former Participant. This includes:

   a. Calling the Participant, using all phone numbers you have available for him/her.

   b. Contacting (by mail and phone) the alternate contact person whose information you collected when the Participant filled out the application form.

   c. Sending a certified letter to the last known address.

   d. Documenting the steps above in Participant’s file.

2) Steps Program Operators should take regarding the Financial Institution Partner:

   Your Financial Institution Partner will need to be involved in the issue of what happens to unclaimed funds when the former Participant cannot be found. Discuss the situation with your Financial Institution Partner. Here are negotiating points to help you in your conversation with your Financial Institution Partner:

   a. When you inform your Financial Institution Partner that an Account Holder can no longer be found, you want them to convert that former Participant’s IDA into a regular savings account. Ideally the Institution will not charge fees. After 3 years the funds would be turned over to the Office of the State Treasurer as unclaimed property.

   b. If the Financial Institution will not agree to eliminate the fees, another option (although less ideal) would be that the Financial Institution converts the IDA into a regular savings account and charges fees. After 3 years, any remaining funds would be turned over to the Office of the State Treasurer as unclaimed
property. Most accounts would be service-charged out of existence at this point.

c. A position of last resort is that the bank would convert the IDA to a regular savings account and would not turn the money over to the Office of the State Treasurer after 3 years. They would just let the account be service-charged out of existence.

d. The bank will need to set up a system for ensuring that they could find the former Participant’s account (since as a savings account it would have a different account number than their IDA) if the participant came back in the future to claim the money.
Responsibilities of Collaborative Partners

The Connecticut Department of Labor (DOL) - Administrator

- Oversight, monitoring, and coordination of the CT IDA Program
- Reporting of data and program information to the Connecticut State Legislature and others

Program Operators

- Establishing and maintaining the Local Reserve Funds
- Major responsibility to ensure the successful implementation and operation of the IDA project, as required by the Connecticut Department of Labor
- Providing data and reports
- Providing the resources to help Participants build personal and financial assets
- Bringing together community partners to bring added value to the IDA program

Connecticut IDA Clearinghouse

- Training and Technical Assistance
- Providing Policy and Procedures Manuals and Participants’ Manuals
- Sharing of information among collaborative partners and funders
- Providing Clearinghouse functions
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Commonly-Asked Questions

Q What are some of the things that have been learned by those who have been working in the IDA field?

A Some of the things that have been learned are:
   • Low-income individuals CAN save; they need to be shown that they can.
   • It can take 6 to 9 months to change lifelong behavior around spending and saving.
   • IDA programs must be multi-year programs.
   • As people build assets, they build their self-confidence and self-esteem.
   • Case Management and ongoing support groups are an essential part of the program.
   • According to clients, the support and educational offerings are as important as the match.
   • Involving the whole family increases the likelihood of successful asset building.

Q What are the tax implications of an IDA for the IDA Participant?

A The tax implications are as follows:
   • Income tax is already paid on the funds in Participants’ IDAs since deposits into IDAs are made with after tax income.
   • Interest earned in the Participant’s account is considered income to the Participant and is therefore taxable to the Participant in the year it is earned. However, many low-income families and individuals may, in fact, not pay any income tax in a particular year because their income is below the minimum level.
   • The match money is considered a gift at the time it is paid out to purchase the eligible asset; it is NOT taxable income to the Participant. 1
   • In addition, donations to an IDA provider (a 501(c)(3) organization) are tax deductible to the donor as allowed by law. 2

Q Some states have, by statute, exempted interest on the IDA Participants’ deposits from state income tax – has Connecticut?

A No, Connecticut has not exempted interest on Participants’ IDAs from state income tax. However, most Participants do not earn enough income to make a difference in their tax liability.

---

1 Section 170 of the Internal Revenue Code
2 Section 170 of the Internal Revenue Code
Q Can a Participant change the asset for which they are saving?

A If the program allows for the purchase of different assets, a participant can change the asset they are saving for with the agreement of their Case Manager. The Savings Plan agreement and the IDA database would have to be amended to indicate the new asset.

Q Why should we subsidize the asset accumulation of low-income families?

A The government already subsidizes the asset accumulation of middle- and higher-income Americans – billions of dollars annually in the form of home mortgage deductions, preferential capital gains and pension funds exclusions. What is good for higher-income families should be good for low-income families as well.

Q Are IDA Programs giveaway programs?

A No. Savings matches are not “giveaways.” Participants earn savings matches by saving their own hard-earned dollars and taking other steps to prepare for the future, including completion of a financial education course and attendance at asset-specific training. Providing match dollars is a way to help hard-working low-income families and individuals build a more stable and secure future. Everyone benefits when more members of a community have the tools they need -- the productive assets -- to provide for themselves and their families. This same thinking has been behind government initiatives like the Homestead Act of the nineteenth century and the GI Bill following World War II.

Q How do we know IDAs will be used as intended?

A Provisions are built in to ensure compliance. Participants are informed of the eligible uses for IDAs, face penalties for misuse, and are motivated to comply because IDAs provide a route to their dreams. The Community-Based Organization holds the matching funds in a separate account, and only writes a check at the time the Participant is ready to purchase their asset. Checks are written only to eligible vendors such as the seller of a home or institution furnishing a mortgage; an accredited school; or a business account established in a federally-insured financial institution. If a Participant holder makes an unauthorized withdrawal from their IDA, they must withdraw from the program and forfeit the match.

Q What additional services are available to IDA Program Participants who participate in Jobs First Employment Services?

A If participation in an IDA program is noted in a participant’s Employment Plan or Individual Performance Contract, then childcare and transportation support can be provided as necessary for the times that the participant is attending the IDA.
Program. Jobs First Case Managers receive periodically updated lists of IDA programs throughout the state from the Connecticut Department of Labor.

Q How do assets in an IDA affect food stamp eligibility?

A The USDA Food and Nutrition Service has determined that IDA savings and interest earned on the savings, as well as matching funds and associated interest, are excluded from Food Stamp Program eligibility and benefits determination. This exemption applies to IDAs established under the Connecticut IDA Initiative.

Q What are some issues affecting people with disabilities who wish to participate in an IDA Program?

A Regulations affecting people with disabilities stipulate that when an individual’s assets exceed $2,000 or a married couple’s assets exceed $3,000, their SSI benefits may be in jeopardy. However, if an IDA Participant’s savings are kept in a custodial account (which all CT IDAs must be), they do not count as an asset.

Another consideration is that IDAs included in a Plan for Achieving Self-Support (PASS) are excluded as an asset for SSI beneficiaries. PASS plans can be used for SSI beneficiary work-related goals. For more information on PASS, contact the Social Security Administration’s PASS division at 1-866-467-9731.

Also, there is no asset limit for people receiving SSDI (Social Security Disability Insurance), so they can have an Individual Development Account without concern about loss of benefits.

The other issue facing people with disabilities who wish to open IDAs is that IDA Programs usually require the participant to deposit “earned income” into their account. Therefore people with disabilities who receive SSI and SSDI and are not working are not eligible to participate in federally-funded AFI IDA programs in Connecticut. However, programs funded under the Connecticut IDA Initiative do allow people with disabilities who receive SSI or SSDI to participate in IDA programs even if they have no earned income. Contact the IDA Clearinghouse (mhwae@neoncaa.org) for more information.
IDA Program Flow Chart

Orientation:
- What are IDAs?
- IDA Program objectives (usually 3-5 year commitment)
- Overview of Financial Education and Asset-Specific Training
- Distribution of Applications and other materials

Assessment, Selection: Eligibility Determination, Interview (individual sessions)

Family Self-Sufficiency Plan & Mission Statement (optional)

Financial Education Training
- Usually 12 hours
- Banking
- Credit
- Home Finance
- Financial Planning
- Investing
- Taxes
- Savings Plan Agreement
- IDAs opened after 4th Session

Asset-Specific Training / Savings Clubs (on-going monthly meetings)
- Informational sessions to educate and prepare participants to purchase their asset.
- Other informational workshop examples:
  - Advanced Financial Education, e.g., investing, annuities, insurance plans
  - Career change workshops
  - Speaker’s bureau (parenting, employment opportunities)
  - Continuing Education
  - FUN: i.e. potluck dinner
  - Support groups

Case Management -- Ongoing

Purchase of Assets!
Sample IDA Flyer – Increase Your Assets!!

(Your Agency’s Name)

Individual Development Account (IDA) Program

Increase Your Assets!!

What is an IDA?

An IDA is a special savings account. You can save up to (Insert maximum allowable savings) over (___) years and your savings will be matched (Insert match rate, e.g., $2 for every $1 you save or $1 for every $1 you save.) So, after you finish the program you could have (Insert total savings plus match) for one of the following:

(Insert the allowable asset(s) for your program)

What do I have to do to be part of the IDA program?

You must make a commitment to complete the IDA program. The program requires that you:

- Commit to a Savings Plan
- Attend an Education Course
- Commit to working with a Case Manager
- Attend Savings Club meetings once a month
- Use your savings and match for one of the allowable purposes

Who is eligible to join the IDA Program?

(Insert income eligibility for your Program.)

Where can I learn more about the IDA Program?

To find out if you are eligible for the Program or to learn more:

- Call (name of contact) at (xxx) xxx-xxxx, or
- Come to an Orientation Session at (location) (time)

(Agency’s name) IDA Program operates under the auspices of the Connecticut Department of Labor.
DO YOU NEED MONEY FOR.....................

(Insert allowable assets.)

With an Individual Development Account (IDA)
You can achieve your dream!

Q. What is the Individual Development Account (IDA) Program?

A. The IDA Program is an asset-building program that will help you save for one of the following:

- (Insert the allowable asset(s) for your program.)
- 
- 

Q. How does it work?

A. An IDA is a special savings account. You can save up to (Insert maximum allowable saving) over (___) years and your savings will be matched (Insert match rate, e.g., $2 for every $1 you save or $1 for every $1 you save.) So, after you finish the program you could have (Insert total savings plus match) for an allowable asset.

Q. What do I have to do to get this money?

A. You must make a commitment to complete the IDA program. The IDA program requires that you:
- Attend a Financial Education Course
- Commit to working with a Case Manager and saving on a regular basis
- Attend Savings Club meetings once a month
- Use your savings and match for one of the allowable assets

Q. Who is eligible for the Program and how can I find out more about it?

A. Families with limited income are eligible for the program. To find out if you are eligible and to learn more about the IDA Program, call (name of contact) at (xxx) xxx-xxxx.

(Agency’s name) IDA Program operates under the auspices of the CT Department of Labor.
Sample IDA Flyer – Have You Ever Dreamed Of…?

Running your own business?

Owning your own home?

Going back to school?

Would you like up to (Insert total match) to help you realize your dream?

(Agency Name)
is sponsoring an

Individual Development Account (IDA) Program

…a matched savings program designed to help you save for and purchase your asset dream. Participants open special savings accounts called Individual Development Accounts and save ($30) or more each month. When you’re ready to buy a house, launch a business, or go to school, your saving deposits are matched.

2 to 1 -- $2 for every $1 saved!
(or: 1 to 1 -- $1 for every $1 saved!)

While you’re saving you will strengthen your financial knowledge, sharpen your money management skills and repair your credit record in a 6-week personal finance and money management workshop and then take part in monthly Savings Club.

Find out more by calling (Agency Name) at (xxx) xxx-xxxx
Sample Press Release

FOR IMMEDIATE RELEASE

For more information contact:
Contact Name
Name of Agency
Street Address
City, State Zip Code
Phone Number

Date

(Name of Agency) Announces New Individual Development Account (IDA) Program

(Name of Agency) announced today that it has launched a new matched savings program, called the IDA Program, for low- and moderate-income residents of (Community name). The IDA Program allows participants to deposit regular savings into a special savings account, called an Individual Development Account or IDA, in order to work toward the purchase of a productive asset – (Insert allowable assets). Program participants’ savings deposits will be matched (Insert match rate, e.g. 2:1 or 1:1) in order to make purchasing one of these assets a realistic goal for low-income families who are willing to save regularly for several years.

The IDA Program is part of a new and innovative approach to combating poverty that focuses not just on meeting the most immediate needs of low-income families, but also on the long-term benefits of helping families acquire a modest but decisive stake in their communities. The IDA Program operates under the auspices of the Connecticut Department of Labor. The Program is also supported by Funder Name and Funder Name and has developed strong partnerships with Program Partner, Program Partner and Partner Financial Institution. Partner Financial Institution will also be the depository for each participant’s IDA savings account.

In order to qualify, prospective IDA Program Name participants must meet income guidelines and other criteria. In addition, all program participants take part in a twelve-hour personal finance and money management workshop series and attend monthly Savings Club meetings to prepare for asset ownership.

Information about IDA Program Name, including detailed eligibility information, is available from Sponsoring Organization at (xxx) xxx-xxxx.
IDA Orientation Agenda

• What is Asset Building? What does it mean to you and your family?

• What are IDAs?
  ➢ Program Description
  ➢ Allowable Assets
  ➢ Account Structure (Custodial Accounts)
  ➢ Financial institution(s) where IDAs can be opened
  ➢ Match Rate and maximum match
  ➢ Procedures for withdrawal of funds

• Eligibility for Program
  ➢ (List eligibility for your program)

• Requirements of Program
  ➢ Savings Plan Agreement
  ➢ Financial Education Classes
  ➢ Asset-Specific Training/Savings Clubs
  ➢ Case Management

• Frequently Asked Questions
  ➢ What if I miss a deposit?
  ➢ What if I can’t keep up my savings commitment?
  ➢ What if I have an emergency and need to take my money out of my IDA?
  ➢ What if I have to drop out of the Program?
  ➢ What if I have a complaint about how the Program is operating?

• Application Process
  ➢ Application Form
  ➢ Meeting with Case Manager/IDA Program Manager

Hand Outs:
• Application Form
• Information Sheet for Prospective Participants
• Participant Complaint Policy and Procedures
Information Sheet for Prospective Participants

Q *What is an IDA?*

A IDAs, or Individual Development Accounts, are special matched savings accounts designed to help families and individuals of modest means establish a pattern of regular saving and, ultimately, purchase a “qualifying asset.”

A “qualifying asset” is something of value that is likely to return substantial long-term benefits to its owner – benefits like security, stability and opportunities for more income.

Participants may use their savings and match money toward one of the following assets: *(Insert allowable asset(s) for your Program)*

Q *What is a “savings match?”*

A A “savings match” is a promise to supplement an IDA participant’s savings deposits at a specific rate. For every $1.00 that you save in your IDA, you will be matched *(Insert match amount)*, up to a maximum of *(Insert maximum match)* match.

Q *Who is eligible to participate?*

A The Individual Development Account Program is open to individuals or families who meet the following criteria.

- *(List eligibility for your Program)*
- *
- *
- IDA Program staff will meet with you to determine if you meet income eligibility and other eligibility requirements. Admission into the IDA Program is at the discretion of the *(insert agency’s name)* IDA Program staff.

Q *What is required of IDA participants?*

A IDA participants are asked to commit to:

- Make regular savings deposits (the amounts are determined on an individual basis)
- Attend a 6 week Financial Education Course
- Participate in monthly Asset Specific Savings Clubs
- Work with a Case Manager on an ongoing basis
- Support one another through ongoing peer support meetings

Q *Why would anyone give away money like that?*

A IDA savings matches are not “giveaways.” Participants earn matches by saving their own hard-earned dollars and taking other steps to prepare for the future, like attending Financial Education classes. Furthermore, providing match dollars is a way to help hard-working low-income families and individuals build a more stable and secure future. Everyone benefits.
when more members of a community have the tools they need – the assets – to provide for themselves and their families. This same thinking has been behind government initiatives like the Homestead Act of the 19th century and the G.I. Bill following World War II.

Q  Is there more to an IDA Program than just saving matches?

A  Absolutely! Most people need more than just cash to become successful homeowners, business owners or college or vocational school students. For this reason, participants in the IDA program attend both Financial Education classes and a special on-going asset preparation program. These workshops are designed to help participants acquire or polish the personal and financial skills that are essential for long-term success; such as skills for long-range planning, household budgeting, credit repair and savvy consumer habits.

Q  Where are savings deposited?

A  Your Case Manager will tell you in which Bank you will open your IDA Account. IDAs will not be assessed any monthly service fees and will be insured by the FDIC.

A custodial IDA savings account, owned by the Agency in your name, will be established at the designated bank.

Q  What about making savings withdrawals?

A  Because IDAs are intended to help people purchase assets, withdrawals for non-asset uses are strongly discouraged. However, in certain emergency situations, program participants may withdraw some of their savings before they are ready to purchase their chosen asset goal. Such withdrawals would not include savings matches. A participant has to work with their Case Manager to develop a plan to replace the funds withdrawn from their IDA, and has 12 months to do so in order to remain in the program. Of course, participants are always free to close their accounts, withdraw from the program and receive all of their savings and earned interest.

Q  How do participants receive match funds?

A  Matching funds will be made available to participants when they are ready to purchase an asset. At that time, a check will be issued directly to the company, institution, or individual furnishing all or a part of a participant’s asset goal (a bank or mortgage company or a community college, for example).

Q  How can I find out more and apply to participate?

A  Anyone interested in finding out more about the IDA Program should attend a scheduled Orientation Session. To find out the dates and locations of upcoming Orientations, or to receive additional information or ask a specific question, call (xxx) xxx-xxxx.
IDA Pre-Application Form

I would like to apply to become a Participant in (Agency’s) IDA Program.

Name: ______________________________________________________________
Address: ____________________________________________________________
_____________________________________________________________________
Phone (Daytime): ___________ (Evening): ___________ (Cell): ____________

Family Information: (Please circle one):

Gender:       Male       Female

Marital Status: Married       Single       Separated       Divorced       Widowed

Number of Dependents: ______

You must meet income eligibility and other requirements to be accepted into the IDA Program.

IDA Program staff will make the final determination as to whether you are eligible for the Program. A member of the IDA Program staff will call you shortly to set up an appointment. Thank you for your interest in (Agency’s Name) IDA Program.
IDA Application Form

Participant’s Social Security No.: ________________________________

Participant’s Name: ____________________________________________

Address: ______________________________________________________

____________________________________________________________

Phone (Daytime): __________________________ (Evening): ____________

Date of enrollment in IDA Program: ______________________________

Date of birth of Participant: _________________________________

Referring source: ______________________________________________

Please provide the name and address of a relative who would definitely know where you live even if you move:

Relative’s Name: _____________________________________________

Address: _____________________________________________________

____________________________________________________________

Phone (Daytime): _______________ (Evening): _________________

Gender of Participant:

________ Female

________ Male
Ethnicity of Participant:

_________ African-American
_________ Caucasian
_________ Latino/a or Hispanic
_________ Asian/Pacific Islander
_________ Native American
_________ Other (Please specify)

Marital Status: (Please circle one.)

Married  Single  Separated  Divorced  Widow

How many adults (18 years and older) currently live in your household: ______

How many children (under 18 years) currently live in your household: ______

Age and Gender of children: __________________________________________

   _____________________________________________________________
   _____________________________________________________________

Highest level of education completed by participant:

____  Grade K-5
____  Grade 6-8
____  Grade 9-12
____  High School diploma or GED
____  Attended College
____  Graduated College
____  Attended Graduate School

Employment status of Participant:

____  Employed more than full-time (OT, or working more than one job)
____  Employed full-time
____  Employed part-time
____  Working and in school
____  Other (Please specify): ________________________________
Has Participant ever been a recipient of TANF or AFDC | YES | NO
---|---
Is Participant presently a TANF recipient? | YES | NO
Is Participant currently receiving SSI or SSDI | YES | NO
Is Participant currently receiving Food Stamps? | YES | NO
Will Participant be using direct deposit for their IDA? | YES | NO

**Monthly gross income of Participant household by source:**

<table>
<thead>
<tr>
<th>Source</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Formal employment (before deductions)</td>
<td>$_________</td>
</tr>
<tr>
<td>Self-employment (your own business, selling things you make, sewing, childcare, etc.) after deductions for business expenses</td>
<td>$_________</td>
</tr>
<tr>
<td>Government assistance (TANF, Food Stamps, SSI, SSDI, Social Security, Unemployment Benefits, Veteran’s Benefit, Worker’s Comp)</td>
<td>$_________</td>
</tr>
<tr>
<td>Pensions or retirement income</td>
<td>$_________</td>
</tr>
<tr>
<td>Child support/alimony payments</td>
<td>$_________</td>
</tr>
<tr>
<td>Friends or family</td>
<td>$_________</td>
</tr>
<tr>
<td>Investment income</td>
<td>$_________</td>
</tr>
<tr>
<td>Rental income (net)</td>
<td>$_________</td>
</tr>
<tr>
<td>Other (Please specify):</td>
<td>______________________________________</td>
</tr>
</tbody>
</table>

**Assets and Liabilities:**

<table>
<thead>
<tr>
<th>Item</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you own a vehicle?</td>
<td>Yes</td>
</tr>
<tr>
<td>Loan amount on vehicle</td>
<td>$_________</td>
</tr>
<tr>
<td>Do you own a home?</td>
<td>Yes</td>
</tr>
<tr>
<td>Mortgage amount on home</td>
<td>$_________</td>
</tr>
<tr>
<td>Do you own a business?</td>
<td>Yes</td>
</tr>
<tr>
<td>Loan amount for business</td>
<td>$_________</td>
</tr>
<tr>
<td>Do you own residential rental property or land?</td>
<td>Yes</td>
</tr>
<tr>
<td>Loan amount for property</td>
<td>$_________</td>
</tr>
<tr>
<td>Do you own stocks, bonds, 401k or other investments?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have a checking account?</td>
<td>Yes</td>
</tr>
<tr>
<td>Do you have a savings account?</td>
<td>Yes</td>
</tr>
<tr>
<td>(Other than the IDA)</td>
<td></td>
</tr>
<tr>
<td>Do you owe money to friends/family?</td>
<td>Yes</td>
</tr>
</tbody>
</table>
Do you have past due household bills? Yes No If yes, amount: $__________
Do you have credit card debt? Yes No If yes, amount: $__________
Do you have past due credit card bills? Yes No If yes, amount: $__________
Do you have student loans? Yes No If yes, amount: $__________
Do you have past due student loan payments? Yes No If yes, amount: $__________
Do you have past due medical bills: Yes No If yes, amount: $__________

Do you have health insurance? Yes No
Do you have life insurance? Yes No

I verify that the above information is true to the best of my knowledge.

Participant’s Signature: _________________________________ Date: _______________________

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Definition of “Income”

1. There are two kinds of income that have implications for your IDA program. One kind is the household income upon which program eligibility is based. Generally, for this purpose, income includes the following:

   - Wages and salaries before any deductions
   - Net receipts from self-employment (receipts from one’s own business after deductions for business expenses)
   - Regular payment from the Social Security Administration (gross benefits), railroad retirement, unemployment compensation, strike benefits from union funds, worker’s compensation, veteran’s payments, public assistance (including TANF, SSI and SSDI), training stipends, alimony, child support, and military family allotments
   - Private pensions, government employee pensions (including military retirement pay), regular insurance or annuity payments
   - Dividends, interest, net rental income, net royalties, periodic receipts from estates or trusts, and net gambling or lottery winnings
   - Payments to Native Americans from gaming revenues (e.g., casino profit sharing)

   When determining program eligibility, do not include the following:

   - Capital gains
   - Any withdrawal from a bank; the sale of property, a house or a car
   - Tax refunds, gifts, loans, lump sum inheritances or one-time insurance payments
   - Non-cash benefits such as employer-paid or union-paid portion of health insurance or other employee fringe benefits, food or housing received in lieu of wages, and federal non-cash benefit programs such as Medicare, Medicaid, food stamps, school lunches, housing and other emergency assistance
   - Any portion of Social Security benefits deducted to pay Medicare premiums that will not be reimbursed

2. The other kind of income is earned income. Earned income is what IDA account holders save in their IDA. Earned income is generated by the household, through one or more of the following means:

   - Formal employment (with a paycheck, W-2, etc.) including, but not limited to, wages, salaries, commissions, bonuses and tips
   - Self-employment (selling cosmetics, gift baskets, cleaning houses, etc.)
   - Contractual agreements
   - Earned Income Tax Credit refunds
Documentation to Determine Eligibility

Following are a list of documents that can help you verify if IDA Applicants are eligible for the Program. Ask Applicants to bring the appropriate documents to their interview with you. Be sure to retain copies of any documents used to determine eligibility in the participant’s file.

- Verification of being a current TANF recipient
- Most recent year’s income tax returns
- Last 2 pay stubs
- Proof of any other income (e.g., other government assistance [e.g., Social Security, SSI, SSDI] pensions, child support)
- Bank account statements
- Information on any investments or 401k accounts
- Copy of deed to house, if applicable
- Proof of business ownership, if applicable
- Copy of title to car, if applicable
- Copies of past due bills

The following is a list of additional documentation that some agencies are collecting:
- Social Security card
- Other ID
- Proof of other benefits (e.g., housing supplements, Section 8, etc.)
- Immigration documentation

**NOTE:** In addition, some agencies have also found it advantageous to have Applicants bring a copy of their credit report to the interview.
IDA Assessment Tool

This tool can help you assess an Applicant’s readiness for the IDA Program. This tool is not meant as a “test” to see if someone should be admitted to the Program or not, but as a way to structure the conversation during an interview with the Applicant.

1.) Does Applicant have a savings account? Yes____ No ____

2.) Does Applicant save regularly? Yes ____ No ____

3.) Does Applicant have long-term goals? Yes ____ No ____

4.) Does Applicant’s family share her/his goals? Yes ____ No ____

5.) Does Applicant discuss goals with their family? Yes ____ No ____

6.) Has Applicant ever been in a long-term program (one year or more)? Yes ____ No ____

7.) How successful were they?________________________________________________________

8.) What difficulties will there be for the Applicant to adhere to the terms of the Savings Plan Agreement?
   a. Regular savings deposits __________________________________________________________
   b. Financial Education classes _____________________________________________________
   c. Savings Club meetings ___________________________________________________________

9.) How will he/she overcome these difficulties?
   a. Regular savings deposits __________________________________________________________
   b. Financial Education classes _____________________________________________________
   c. Savings Club meetings ___________________________________________________________

10.) How would you rate Applicant’s motivation    High_____ Medium_____ Low_____

11.) Is the entire family knowledgeable and enthusiastic about the IDA Program? Yes ____ No ____

12.) Has participant been in any other agency program? Yes ____ No ____

   What was their experience in that program? ____________________________________________
Letter of Acceptance into Program

Date

Name of Participant
Address
City, State, Zip

Dear____________:

This letter is to inform you that you have been accepted into the (Name of Agency) IDA Program. As you know, this is a multi-year Program that will match your personal savings 2:1 (1:1), which means that if you save $1,500 ($3,000) over the next four years, the program will match you $3,000. This Program is administered by the Connecticut Department of Labor and there are very specific Guidelines that all Participants must adhere to.

1. Regular monthly savings deposits are required. Failure to make deposits could result in your being placed on probation or dismissed from the Program.
2. Financial Education Classes are mandatory. The IDA Program is not just a savings program; it is a program designed to change money management and savings habits.
3. The Individual Development Accounts (IDAs) will be custodial accounts, with (Name of Agency) as the custodian. No withdrawals can be made from these accounts without the approval of the IDA Project Manager.
4. You will be required to attend monthly Savings Clubs for the entire time you are in the Program. These are opportunities to learn about the asset you are saving and other important topics.
5. You will be required to sign a Savings Plan Agreement

Congratulations on your acceptance into the Program! The first meeting will be held on (date) at (address). We look forward to seeing you there. Please call (name of contact person) at (xxx) xxx-xxxx to confirm your attendance or if you have any questions.

Sincerely,

(Signed)
IDA Contact Person
CONNECTICUT INDIVIDUAL DEVELOPMENT ACCOUNT INITIATIVE

Sample Financial Institution Partnership Agreement

This agreement, between (IDA Sponsoring Organization) ("SO") and (Financial Institution Partner) ("FI"), details a cooperative partnership related to the (IDA Program Name) ("The Program") matched savings program.

WHEREAS:

1. Sponsoring Organization Description and Mission -- SO is a not-for-profit, community organization dedicated to helping people of limited economic means achieve economic independence and greater integration in their communities. SO believes asset development is an important strategy to help low-income families enter the economic mainstream and become more vital community members.

2. Financial Institution Description and Mission -- FI is a commercial bank that offers consumer financial services and products, including savings accounts insured by the Federal Deposit Insurance Corporation (FDIC). FI has a stated and demonstrated commitment to the communities in which it does business and recognizes the need to address poverty in these communities.

3. Program Description and Mission -- SO has chosen to establish The Program, a matched savings Individual Development Account (IDA) program, in order to help low-income individuals and families become homeowners, small business owners and graduates of post-secondary education programs. The Program offers participants incentive savings matches, personal finance and money management education, peer and staff support, and individual counseling in order to make asset ownership obtainable. Program objectives include helping participants:
   - set realistic short and long term personal, financial, and asset goals;
   - design strategies to achieve their personal, financial and, in particular, asset goals;
   - acquire financial skills and knowledge in order to make informed financial decisions;
   - develop or improve fiscal self-discipline, self-awareness and patterns of regular saving;
   - improve self-esteem, self-confidence and assertiveness, particularly with regard to financial and consumer matters.

4. Intent to Enter Partnership -- SO and FI desire to enter into an agreement, under which FI will serve as a partner financial institution for The Program and a depository of Program participants savings, for the purpose of supporting The Program.

NOW THEREFORE, SO and FI both agree to the terms of this agreement as follows:

1. Scope of Services: SO -- SO agrees to provide the following services associated with The Program:
   • to sponsor and administer The Program;
• to instruct Program participants how to open IDA savings accounts (as described in Section 3 below) at designated FI branch locations;
• to monitor Program participants’ monthly savings activity in an effort to help them reach their savings goals and ultimately become successful long-term asset owners;
• to work with FI to develop procedures for Program participant qualified withdrawals (approved withdrawals of a participant’s savings for his or her asset purchase);
• to cite FI as a key Program sponsor and partner in Program literature and Program publicity efforts.

2. **Scope of Services:** FI -- FI agrees to provide the following services associated with The Program:

   • to establish interest-bearing custodial savings accounts (accounts with SO as custodian), with at least a market rate of interest (as detailed in Section 3 below), with no service or other charges added, for all individuals who SO accepts as Program participants;
   • to maintain accounts in accordance with applicable State and Federal regulations;
   • to provide that contributions to the IDA may be made either in cash, by check, money order or direct deposit;
   • to provide that assets of an IDA, if invested, will be done in accordance with the direction of the participant after consultation with the grantee;
   • to provide that the assets of an IDA not be commingled with other property except in a common trust fund or parallel account or common investment fund;
   • to provide that in the event of a participant’s death, any IDA balance is distributed within 30 days to another IDA established for an eligible individual as directed by the deceased participant in the Savings Plan agreement or to the designated beneficiary;
   • to provide that procedures governing IDA withdrawals for qualified expenses or emergencies must comply with state or federal limitations or requirements;
   • to provide data to SO about Program participants’ savings account activity monthly (as detailed below in Section 4).

   To provide assurance that FI shall not require an account holder to make any purchase or enter into any commercial transaction with a specific individual, business, financial institution or other entity;
   • to orient FI staff and tellers about the objectives of The Program and Program participants’ possible need for extra service, assistance or reassurance.
   • to designate one contact person at each branch who will be responsible for coordinating all Program activity.
   • to consider making a financial contribution to SO to be applied toward the operating expense and/or matching expense associated with sponsoring the Program.

3. **IDA Savings Account Features** -- FI will offer savings accounts with the following features to Program participants:

   • Each Program participant savings accounts will be a custodial account in which SO will be the custodian for the individual participant;
   • FI will assist participants in opening accounts;
   • FI agrees to maintain accounts in accordance with applicable State and Federal
regulations;
- FI agrees that program participants’ deposits will earn the following interest rate (at least a market rate of interest) -- __________;
- All FI regular monthly service charges or fees will be waived for Program participants’ savings accounts;
- Program participants will not need a minimum deposit to open Program savings accounts or maintain a minimum balance to avoid any monthly fees or penalties;
- FI will offer direct deposit services, if desired by Program participant account holders;

4. Data Reporting -- FI agrees to provide Program participants’ account data to SO monthly:
   - SO and FI shall explore possible Electronic Data Transfer (EDT) of monthly data at such time as it becomes mutually convenient for both parties to consider EDT.
   - FI will provide updates to the SO and bank staff on the status of accounts and number of accounts opened.

5. Unclaimed Funds -- In the event that SO loses contact with an IDA account holder, and needs to close their IDA, the SO will authorize FI to convert the IDA to a regular savings account in the account holder’s name. FI agrees to charge no fees on the account. FI will set up a system to ensure that the individual’s account can be found (since as a regular savings account it will have a different account number from the IDA) if the individual returns in the future to claim their money. After the required amount of time, FI will turn over the funds in the account to the Office of the State Treasurer as unclaimed property.

6. Payment -- It is understood and agreed that neither party to this agreement assumes any financial obligation to the other as a consequence of this agreement.

7. Term and Duration -- This agreement shall be in effect from the date of the latest signature below. Changes can be made to this agreement by mutual written consent. The agreement can be terminated with 30 days notice, upon written request from either party to the other. In the event FI initiates a termination of this agreement, FI agrees to allow Program participants who have already established Program savings accounts to maintain their accounts under the terms outlined in this agreement for at least six (6) months after the agreement terminates.

SO
Street Address
City, State  Zip Code
(Executive Director / Authorized Rep.)
Date

FI
Street Address
City, State  Zip Code
(Authorized Representative)
Date
Letter to Communicate IDA Opening Procedures to Financial Institution Staff

Dear (Financial Institution Partner) Representative:

As you probably know, (Financial Institution Partner) has agreed to be a financial institution partner for the (IDA Program Name), an Individual Development Account (IDA) matched savings program sponsored by (Sponsoring Organization). The holder of this letter has been accepted into (IDA Program Name) and is visiting you today in order to open an IDA savings account.

Through prior arrangement, (Financial Institution Partner) management and (Sponsoring Organization) have agreed that (IDA Program Name) participants should have Individual Development Accounts set up with the following special characteristics:

- The account will be a Custodial Account in the name of (Sponsoring Organization) as Custodian for the IDA Program Participant (the person who handed you this letter);
- No monthly service fee.

If you have any questions or concerns about these arrangements, (Financial Institution Contact Person) has been designated as the point person for IDA Program Name accounts at (Financial Institution). You can also call (IDA Staff Person) at (Sponsoring Organization) (xxx-xxx-xxxx) at any time to ask questions about (IDA Program Name). Thank you for helping to make this IDA program a success!

Sincerely,

(Signed)
IDA Program Staff
Family Self-Sufficiency Plan

Developing your Family Self-Sufficiency Plan is something that the whole family can be involved in. Talking about your values and hopes and dreams together can help you focus on what is important to you as a family, and can start you on the road to achieving your goals.

Evaluating Your Values -- This exercise is to help you determine what is important to your personal happiness and satisfaction.

What are your career values? (Consider salary, job security, managerial options, working with a team or independently, working with your hands or your mind, working with machinery, creative artistry, owning your own business. Are you interested in returning to school? If so, what do you want to accomplish?)

What are your personal values? (Consider the types of people you like; what qualities in people are important to you; what makes you happy: surroundings, keeping busy, good socializing, religious activities, leisure and sports activities, humor/fun, home ownership. Do what others think of you or do not think of you matter? How important is your self-image?)
Do your values conflict with your commitments? (Consider the following questions in helping to think through your commitments. Add or change any that you feel are relevant.)

1. What is the size of your family? Who lives with you? What are your major responsibilities towards your family members?

2. Are you bound to this area by family commitments (spouse works, care of parent, joint custody, employment, school for children/self, care of other family member)?

3. Will any of your family commitments hinder you from accomplishing your goals?

4. Do you have any other personal commitments or obligations that may help or hinder you from your personal goals and objectives?

Life Styles -- (This is your “Dream” section.)

1. Where do you want to live (city, suburbs, rural area)?

2. What particular city/county/state/region do you want to live in?

3. Do you want to live in a house, condo, co-op, or rented apartment? Describe the dwelling you would like.

4. What possessions do you want to own/update (car/computer, property, etc.)?

5. What do you want to do in your leisure time? (Play sports, travel, enjoy music, concerts, dining out, theater, movies, dancing, reading or attending seminars/lectures?)

6. What opportunities do you want for your children? (Type of education, career opportunities, financial stability and/or material possessions).

Analysis: What strategies and resource(s) do you need to accomplish your life style (dreams)?
Financial Profile and Planning Objectives:

Debt Profile: (List creditor(s) and amount(s) owed.)

<table>
<thead>
<tr>
<th>Debt today (Date:________)</th>
<th>Targeted debt one year from today</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

My monthly income is $____________________

My monthly obligations are: (List rent, utilities, baby-sitting costs, and any other obligations.)

My monthly income ( ) is or ( ) is not adequate to meet my obligations.

I need $__________ additional each month to meet my obligations.
Individual Development Account (IDA) Information

( ) I have ( ) have not opened my IDA.

Date account opened: ____________________________

As of today ____________, I have saved $______________.

My savings goal by ______________ is $______________.

My savings commitment ( ) weekly ( ) bi-weekly ( ) monthly is $___________.

The asset I am saving for with my IDA is ____________________________.

Am I prepared for asset ownership? What information do I need to be better prepared? What assistance and support do I need? Where can I get what I need to be better prepared?

_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________

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Family Mission Statement

After filling out the Self-Sufficiency Plan with your family members, briefly write what is important to you as a family, what are your values, what are your goals and aspirations?

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

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______________________________________________________________________________________________

______________________________________________________________________________________________
Savings Plan Agreement

1. IDA Program Participant’s Name

Name: ________________________________________________________________
Address: ______________________________________________________________________________

Phone: (Home) ________________________________________________________________________
        (Work) __________________________________________________________________________
        (Cell) __________________________________________________________________________

2. Savings Goal(s): I am participating in the IDA Program in order to save toward the following Qualified Asset(s).

   ☐ __________________________________________________________________________________
   ☐ __________________________________________________________________________________

3. Schedule of Saving Deposits to the IDA:

   Savings goal: $_________________

   I will open my IDA no later than _____________ and agree to save the following:
   $_____ Weekly or $_____ Bi-Weekly or $_____ Monthly

4. Economic Literacy Classes and Asset-Specific Training/Savings Clubs.

   I agree to attend the following, to be provided by (Name of Agency):
   
   A. Financial Education Classes
   B. Asset Specific Training/Savings Club (monthly, for the duration of the time I am in the Program)
5. The IDA Account will be opened at the following financial institution:
_____________________________________________________________________
Address: ________________________________________________________________
Financial Institution Staff Member’s Name: ________________________________
Phone Number: ________________________

(Name of agency) agrees to establish an IDA on my behalf in a timely manner.

I understand that I can make deposits into my IDA by cash, check, money order or by direct deposit.

6. The IDA Account will be a Custodial Account. (Name of Agency) has worked with the bank to establish Individual Development Accounts in accordance with the requirements of the Connecticut IDA Initiative. The IDA Account will be governed by this understanding.

♦ The IDA Program Participant will designate (Name of Agency) as the custodian of the account.

♦ IDA deposits must be from the Participant’s earned income and can be made in cash, check, or by direct deposit (electronic transfer) of funds.

♦ The IDA Program Participant agrees to use this Account to purchase the Qualified Asset as stated in this Agreement.

♦ The funds in the Participant’s IDA will not be intermingled with other funds except that the program shall hold matching funds in a "Local Reserve Fund." Funds in the “Local Reserve Fund” may be invested by (Name of Agency) in order to endeavor to secure a higher yield.

♦ The asset in the Participant’s IDA will only be invested in accordance with the CT IDA Program guidelines.

♦ In the event of the Participant’s death, any balance remaining in the IDA shall be distributed within 30 days of the date of death to one of the following: a.) an IDA established for the benefit of an eligible individual, as directed by the Participant in this Savings Plan Agreement or, b.) If no designee is named, to the Participant’s Estate.

My designee is: ________________________________________________________

♦ Any matching funds in the Local Reserve Fund shall be designated for another eligible IDA Participant.
7. **Match rate for Participant’s savings:** (Name of Agency) will deposit into the Local Reserve Fund an amount of funds necessary to match the Participant’s deposit of earned income into their IDA account on a 2 : 1 (or a 1:1 basis) basis, up to a total of $3,000. That is, for every $1.00 that the Participant deposits into their IDA Account, (Agency) will deposit $2.00 (or $1.00) into the Local Reserve Fund. A Participant who saves $1,500 (or $3,000) of earned income will have $4,500 (or $6,000) to use towards their Qualified Asset.

The Participant is encouraged to strive toward a goal of $1,500 (or $3,000) in savings in order to merit the maximum allowable match. The Participant may save more than $1,500 (or $3,000) in order to build assets at a faster rate; however, the match limitation will apply regardless of higher savings in the IDA. Any amount above the allowable goal should be deposited into a separate account opened by the Participant in their own name.

8. **IDA Account Withdrawals:** Withdrawal of funds from the IDA cannot be made for any purpose until six months after the date on which the Participant first deposits funds into their IDA. The withdrawal of any funds from the IDA by the Participant, prior to six months from the date of the initial deposit, shall constitute the Participant’s withdrawal and termination from the IDA Program.

All withdrawals from the IDA require written approval of the Participant’s Case Manager and (Agency’s) IDA Project Manager. Withdrawals are limited to purchase one or more Qualified Assets or an Emergency Withdrawal.

**Qualified Assets:** Qualified expenses are limited to those allowed for the IDA program in which you are enrolled.

**Emergency Withdrawals:** An emergency withdrawal may only be from the funds deposited in the IDA by the Participant (NOT the matching funds), for the following purposes: 1.) expenses for Medical care or necessary to obtain medical care for the Participant or a spouse or dependent; 2.) payments necessary to prevent eviction or foreclosure on a mortgage of the Participant’s principal residence; 3.) payments necessary to enable to Participant to meet necessary living expenses (food, clothing, shelter, utilities) following the loss of employment.

Funds withdrawn for purposes of an Emergency Withdrawal must be replaced as soon as possible and no later than 12 months after the date of the Emergency Withdrawal. Failure to replace withdrawn funds shall constitute the Participant’s withdrawal from the IDA Program and the Participant will be ineligible to receive matching funds.

**Other Withdrawals:** Should the Participant decide to terminate their participation in the Program, the Project Manager shall authorize withdrawal of the Participant’s savings plus any income accrued thereon, with the understanding that the Participant thereby loses any right to receive matching funds.
9. **Contingency Plans:** The IDA Participant and Program Staff will work together to avoid the emergency withdrawals of funds. The Participant and Staff will identify crisis intervention activities in order to avoid the withdrawal of funds from the IDA. Funds withdrawn from the IDA for an emergency withdrawal must be replaced in accordance with contingency plans reached by the Participant and Program Staff.

If the Participant fails to meet projected savings goals or schedules, the IDA Program Case Manager will meet with him/her to determine the reason and to assist the Participant in developing a plan to return to the agreed-upon schedule. If, after continued intervention by the Case Manager, the Participant still fails to meet the projected savings goals or schedules, consideration will be given to terminating the Participant from the program.

If, at the end of the Program, the Participant has not saved a sufficient amount that, with the matching funds, will allow them to purchase a Qualifying Asset, the Participant’s savings in their IDA, plus accrued interest, will be returned to them, without the matching funds.

If (Name of Agency) is no longer able to operate the IDA Program, (Name of Agency) will immediately implement the contingency plan on file with the Connecticut Department of Labor.

10. **Provision of Match for Qualifying Expenses:** (Name of Agency) will release matching funds from the Reserve Fund only for the purchase of one or more of the Qualifying Assets. Matching funds shall be payable to the vendor; matching funds will not be paid directly to the Participant. Interest on the matching funds in the Reserve Fund will also be available for the purchase of the Qualifying Asset. No matching funds will be provided for an Emergency Withdrawal.

11. **Savings Plan Agreement Amendment:** This Savings Plan Agreement may, from time to time, be amended with the concurrence of (Name of Agency) and the Participant.

12. **Unclaimed Funds:** If (name of agency) is unable to contact you and if there has been no activity in your account for 6 months, (name of agency) has the right to convert your IDA to a regular savings account at (name of bank). Please note that fees and service charges might be charged to your account after it is no longer classified as an IDA, and these fees and service charges might result in the depletion of your savings. If you do not remove your funds, at some point they will be turned over to the Office of the Treasurer as ‘unclaimed property.’

13. The Participant’s participation in the IDA program shall not extend beyond the end of the grant period.
**Agreed By:**

| __________________________ | __________________________ |
| (IDA Participant)          | Date                        |
| __________________________ | __________________________ |
| (IDA Program Staff)        | Date                        |
Missed Monthly Deposit Letter (First Month)

Date

IDA Participant Name
Address
City, State Zip Code

Dear (IDA Participant Name):

As we were reviewing your IDA statement for the month of (Month), we noticed that you didn’t make a deposit into your IDA last month.

If you were busy and didn’t find the time to make your deposit, or if you simply forgot, please consider this note a friendly reminder.

If you missed making a deposit because you don’t have the money then we’d really like to talk with you. Maybe together we can figure out a strategy to help you get back on track.

It is important that you respond to this note soon…before you fall seriously behind in your savings. Please call us if you’re feeling discouraged or thinking it will be impossible to make your next deposit. We are here to help!

As you know, long-term saving is difficult. Hitting bumps along the way is to be expected. If you’re having a tough time, please remember that you’ve already taken an important step by joining this program and opening your IDA. We look forward to hearing from you.

Sincerely,

(Signed)
IDA Program Staff
Missed Monthly Deposit Letter (Second Month)

Date

IDA Participant Name
Address
City, State Zip Code

Dear (IDA Participant Name):

We're concerned! If our records are correct, it's been at least two months since you've made a deposit into your IDA yet we haven’t heard anything from you.

Please call us within the next three days so we can schedule an appointment to meet. We’d like to know what’s going on and we need to figure out together if you are able to continue saving at this time. If this is not a good time for you to continue in the program, you may be eligible for a leave of absence.

If you have trouble reaching us by phone, or if it isn’t convenient for you to call during the day, please leave a message indicating when and how we can reach you.

We don't want to lose you from the program! However, if we cannot get together to problem-solve, we may have to close your IDA.

We look forward to hearing from you as soon as possible.

Sincerely,

(Signed)
IDA Program Staff
IDA Participant File Checklist

The IDA Participant File Checklist is a list of all documentation that should be kept for each Program Participant. IDA Program staff members can use the form to make sure all proper documentation is collected and placed in each Participant’s file, which can be kept electronically or as hard copies. Ideally, this form will be updated each time a Participant completes a program milestone.
# IDA Participant File Checklist

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Grant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract #:</td>
<td></td>
</tr>
</tbody>
</table>

## Application

- [ ] IDA Application, signed and dated by IDA program participant, in file

## Eligibility Verification

<table>
<thead>
<tr>
<th>Criteria</th>
<th>Documentation</th>
</tr>
</thead>
</table>
| At the time of application, saver is a member of a household located in Connecticut whose adjusted gross income is not in excess of eighty per cent of the area median income for the area in which the individual resides and: | □ Signed and dated income tax return(s) for previous year for every household member, in file
| (1) has earned income; **OR** | OR
| (2) is a qualified disabled individual as defined by the Regulations of Connecticut State Agencies. | □ The individual is receiving Supplemental Security Income or Social Security Disability; **OR**

- □ The individual is receiving Medicaid on the basis of a disability; **OR**
- □ The individual is participating in rehabilitation services under Chapter 319mm of the Connecticut General Statutes; **OR**
- □ The individual provides confirmation by the Bureau of Rehabilitative Services that such individual is eligible for assistance pursuant to Chapter 319mm of the Connecticut General Statutes; **OR**
- □ The individual provides confirmation by any other agency deemed comparable by DOL of the individual’s disability.

## Savings Plan Agreement

- □ Savings Plan Agreement, signed and dated by IDA program participant and grantee staff member, in file
<table>
<thead>
<tr>
<th>Education and Training</th>
<th>Case Management Contacts</th>
<th>Program Completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Financial Education Verification in file</td>
<td>☐ Case Management Verification in file</td>
<td>☐ Withdrawal request form(s) in file</td>
</tr>
<tr>
<td><em>Proof of successful completion</em></td>
<td><em>Up-to-date case notes</em></td>
<td><em>Asset Purchase Documentation in file:</em></td>
</tr>
<tr>
<td></td>
<td><em>Asset Purchase Sign Off Sheet in file</em></td>
<td>☐ Education or job training;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Purchasing of a home as the account holder’s primary residence;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Participation in or development of a new or existing</td>
</tr>
<tr>
<td></td>
<td></td>
<td>entrepreneurial activity for which a business plan has</td>
</tr>
<tr>
<td></td>
<td></td>
<td>been developed with the direct or indirect assistance</td>
</tr>
<tr>
<td></td>
<td></td>
<td>of the community-based organization;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Purchase of an automobile for the purpose of obtaining or</td>
</tr>
<tr>
<td></td>
<td></td>
<td>maintaining employment;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Purchase of a lease deposit on the account holder’s primary</td>
</tr>
<tr>
<td></td>
<td></td>
<td>residence;</td>
</tr>
<tr>
<td></td>
<td></td>
<td>☐ Education or job training for a dependent child of the account</td>
</tr>
<tr>
<td></td>
<td></td>
<td>holder.</td>
</tr>
</tbody>
</table>

*The list of documents to verify a Participant’s asset purchase can be found in the Appendix of the IDA Policies and Procedures Manual under “Documents Related to Asset Purchases.”*
IDA Participant Progress Form

The **IDA Participant Progress Form** is a snapshot of current Participant progress toward completing an asset purchase. The form chronologically documents a Participant’s progression through the program, starting with orientation and the determination of eligibility and ending with the successful (or unsuccessful) exit from the program. The form can be used by IDA Program staff members to quickly review the status of Participants, identify where Participants may be stuck, and provide targeted Case Management in that area. Ideally, this form will be updated each time a Participant completes a program milestone.
# IDA Participant Progress Form

<table>
<thead>
<tr>
<th>Participant Name:</th>
<th>Grant:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract #:</td>
<td></td>
</tr>
</tbody>
</table>

## Program Initiation

<table>
<thead>
<tr>
<th>Orientation Date:</th>
<th>Application Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eligibility Determined Date:</td>
<td>Participant IDA Opened Date:</td>
</tr>
<tr>
<td>Grantee staff name:</td>
<td></td>
</tr>
<tr>
<td>Account Number:</td>
<td>Name of Financial Institution:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Total Savings Goal: $</th>
<th>Savings Amount/Frequency:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Match Rate: _____ to 1</td>
<td>Asset Goal 1: ____________________</td>
</tr>
<tr>
<td></td>
<td>Asset Goal 2: ____________________</td>
</tr>
</tbody>
</table>

## Education and Training

<table>
<thead>
<tr>
<th>Financial Education Completed Date:</th>
<th>Asset-Specific 1 Training Completed: ____________</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Asset-Specific 2 Training Completed: ____________</td>
</tr>
</tbody>
</table>

## Program Completion

<table>
<thead>
<tr>
<th>Missed Deposit Dates:</th>
<th>Savings Goal Met Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Withdrawal from IDA: $ ________ on: ____________ ____________</td>
<td></td>
</tr>
<tr>
<td>Purpose of withdrawal (circle one): Medical Eviction Job Loss</td>
<td></td>
</tr>
<tr>
<td>Repayment of Emergency Withdrawal from IDA account: $ _____ on (dates): ____________________</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Asset Purchase(s) Dates: ________</th>
<th>Participant IDA: $_____</th>
<th>Project Reserve Fund: $_____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Participant IDA: $_____</td>
<td>Project Reserve Fund: $_____</td>
</tr>
<tr>
<td></td>
<td>Participant IDA: $_____</td>
<td>Project Reserve Fund: $_____</td>
</tr>
<tr>
<td>Asset Closed (Date):</td>
<td></td>
<td>If applicable, unsuccessful withdrawal from the IDA program (Date):</td>
</tr>
</tbody>
</table>

## Notes

Source: Assets for Independence
Documents Related to Asset Purchases

When an asset purchase is made, it is important that the appropriate documentation is collected to ensure the legitimacy of the asset purchased. The following copies of the asset purchase documents must be retained in Participants’ files, in addition to the corresponding checklist below:

**HOME OWNERSHIP**
- Home Purchase Plan
- Pre-approval package (if applicable)
- Closing documents (including Truth-in-Lending form, appraisal, title, inspections done, etc.)
- 1st Time Homebuyer’s certificate (if outside Homebuyer’s class has been completed)
- Receipts for any purchases made from vendors (e.g., appraisal, title search, inspection company, etc.)
- Asset Purchase Request Form
- Withdrawal Slip from the Participant’s IDA
- Copy of check from the Participant’s IDA
- Withdrawal Slip from the Local Reserve Fund
- Copy of check from the Local Reserve Fund
- Asset Purchase Sign-Off Sheet

**EDUCATION OR JOB TRAINING**
- Education Savings Plan
- Acceptance letter
- Registration form
- Course outline from the school showing the class(es) to be taken
- Bursar’s bill
- Receipt for payments made to Bursar or other vendor(s) (e.g., campus bookstore, etc.)
- Asset Purchase Request Form
- Withdrawal Slip from the Participant’s IDA
- Copy of check from the Participant’s IDA
- Withdrawal Slip from the Local Reserve Fund
- Copy of check from the Local Reserve Fund
- Asset Purchase Sign-Off Sheet

**SMALL BUSINESS CAPITALIZATION**
- Approved Business Plan
- Documentation showing business account opened at a bank
- Proof of registration with municipality as a business or with the state as a corporation
- Proof of receipt of a Tax ID number (if applicable)
- Copy of business license (if applicable)
- Application for business loan (if applicable)
- Proof of receipt of business loan (if applicable)
- Receipts for all purchases made with matching funds
- Asset Purchase Request Form
- Withdrawal Slip from the Participant’s IDA
- Copy of check from the Participant’s IDA
- Withdrawal Slip from the Local Reserve Fund
- Copy of check from the Local Reserve Fund
- Asset Purchase Sign-Off Sheet

### VEHICLE FOR EMPLOYMENT

- Vehicle Purchase Plan
- Documentation of Vehicle need for Employment or to get to Employment
- Bill of Sale
- Driver’s License
- Vehicle Registration
- Vehicle Title
- Asset Purchase Request Form
- Withdrawal Slip from the Participant’s IDA
- Copy of check from the Participant’s IDA
- Withdrawal Slip from the Local Reserve Fund
- Copy of check from the Local Reserve Fund
- Asset Purchase Sign-Off Sheet

### LEASE DEPOSIT ON AN APARTMENT

- Signed Apartment Lease
- Asset Purchase Request Form
- Withdrawal Slip from the Participant’s IDA
- Copy of check from the Participant’s IDA
- Withdrawal Slip from the Local Reserve Fund
- Copy of check from the Local Reserve Fund
- Asset Purchase Sign-Off Sheet

### EDUCATION OR JOB TRAINING FOR A DEPENDENT CHILD

- Education Savings Plan for Dependent Child
- Documents related to setting up a 529 account or job training
- Asset Purchase Request Form
- Withdrawal Slip from the Participant’s IDA
- Copy of check from the Participant’s IDA
- Withdrawal Slip from the Local Reserve Fund
- Copy of check from the Local Reserve Fund
- Asset Purchase Sign-Off Sheet
Asset Purchase Sign-Off Sheet

(Note: If an IDA Participant has saved for multiple assets, a separate Asset Purchase Sign-Off Sheet must be used for each.)

By signing this document, we attest that ______________________________ has
(Name of IDA Participant)
completed asset-specific training and fulfilled all requirements pertaining to the
purchase of the following asset (check one):

☐ Home (Primary Residence)
☐ Education or Job Training
☐ Small Business Capitalization
☐ Lease Deposit on an Apartment
☐ Vehicle if Needed for Employment
☐ Education or Job Training for a Dependent Child

__________________________  ____________________________
(IDA Participant)          (IDA Program Staff Member)

__________________________  ____________________________
(Date)                      (Date)
STATE OF CONNECTICUT IDA INITIATIVE

Emergency Withdrawal Policy and Procedures

Participants in the State of Connecticut IDA Initiative Programs are strongly discouraged from taking emergency withdrawals from their IDAs. However, in the event that a financial emergency arises, Participants are required to discuss their situation with their Case Manager. Withdrawals are subject to approval by the Participant’s Case Manager and the Program Director. Approval for emergency withdrawals can only be made in accordance with the following policies and procedures:

Withdrawal Uses - Emergency withdrawals will only be approved when, in the judgment of the Case Manager, IDA funds are necessary to:

1. Pay for medical care for the Participant, their spouse, or dependent
2. Make payments necessary to prevent eviction, or to prevent the foreclosure on a mortgage for the Participant’s principal residence
3. Enable the Participant to meet necessary living expenses (food, clothing, shelter, utilities) following loss of employment

Amount of Withdrawals - Participants are allowed to withdraw an amount approved by their Case Manager and the IDA Program Director. Under no circumstances may withdrawals include matching funds.

Forfeiture of Match – Participants must reimburse their IDA for the monies withdrawn for an emergency within 12 months of the date of the withdrawal. Failure to do this will result in termination from the Program, and loss of any matching funds that have been reserved for the Participant. Upon termination from the Program, the Participant will receive the remainder of funds in their IDA as well as any accrued interest.

Alternatives to Emergency Withdrawals - In the event that a Participant applies to make an emergency withdrawal and the Program Case Manager does not approve the request, that participant may choose:

1. To make do without the emergency withdrawal and continue participating in the Program as before
2. To withdraw from the program and receive a full refund of all IDA deposits and interest, but jeopardize any possibility of future Program participation

Request Procedure - IDA Program Participants who are in need of an emergency withdrawal should follow this procedure:

1. Complete and submit an Emergency Withdrawal Request Form to their Case Manager.
2. Schedule a meeting with their Case Manager to discuss the financial crisis that has created a need for the withdrawal and to review alternative strategies to resolve the crisis.

3. If the request is approved, make arrangements with their Case Manager to facilitate the withdrawal of funds from the financial institution where the IDA is held; remembering that IDAs are custodial accounts in the name of the Agency and require the signature of the authorized representative of the Agency.

4. Work with their Case Manager to revise their Savings Plan Agreement that will allow withdrawn amounts to be re-deposited within 12 months and to ensure that this emergency does not keep them from reaching their IDA savings goal.
IDA Program Emergency Withdrawal Request Form

Personal Information
Name: ___________________________________ Social Security No.: _____ - _____ - ________
Street: __________________________________ Apt #::
City: _____________________________ State:____ Zip Code:_____
Home Phone: (____)_________ Work Phone: (____)_________ Cell Phone: (____)________

Savings History & Status
Date Started in Program:________ Current IDA Balance: $ ______________
Last IDA Deposit - Date: _______________ Amount: $ ________________

Information about Your Emergency
Please explain why you want to take a withdrawal from your IDA: ____________________
___________________________________________________________________________
How much are you planning to withdraw? $____________
If you didn’t have IDA savings, how would you handle your emergency? _________________
___________________________________________________________________________
How will this withdrawal affect your long-term saving (will you be able to continue and when)?
___________________________________________________________________________

Applicant Certification
My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge.
Participant Signature: __________________________ Date: __________

For Office Use Only: Site #: ______ Date Received: __________ By:__________________
Met with participant on _______ Outcome: _____________________________
Signed: __________________________ Date: ____________________________

Site: __________
Grant: __________

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### IDA Program Withdrawal Request Form

#### Personal Information

<table>
<thead>
<tr>
<th>Name:</th>
<th>Social Security No.: _____ - _____ - _____</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street:</td>
<td>Apt #:</td>
</tr>
<tr>
<td>City:</td>
<td>State: _____ Zip Code: _____</td>
</tr>
<tr>
<td>Home Phone: (<em><strong>)</strong></em>______</td>
<td>Work Phone: (<em><strong>)</strong></em>______ Cell Phone: (___)</td>
</tr>
</tbody>
</table>

#### Savings History & Status

<table>
<thead>
<tr>
<th>Date Started in Program:</th>
<th>Current IDA Balance: $ __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last IDA Deposit - Date:</td>
<td>Amount: $ ______________________</td>
</tr>
</tbody>
</table>

#### Information about Your Withdrawal from the IDA Program

Please explain why you want to withdrawal from the IDA Program:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

#### Applicant Certification

My signature below certifies that all information provided on this form is accurate and complete to the best of my knowledge.

Participant Signature: ______________________ Date: ______________

---

<table>
<thead>
<tr>
<th>For Office Use Only: Site #: ______ Date Received: _______ By: __________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Met with participant on _______ Outcome: ________________________________</td>
</tr>
<tr>
<td>Signed: ______________________ Date: _________________________________</td>
</tr>
</tbody>
</table>
IDA Program Asset Purchase Request Form

Personal Information
Name: __________________________________________ Social Security No.: _____ - ____ - ______
Street: __________________________________________ Apt #: ________
City: __________________________________________ State: ____ Zip Code: ______
Home Phone: (____)________ Work Phone: (____)_______ Cell Phone: (____)________

Purchase Information
What is your IDA asset goal?
__________________________________________________________________________________
__________________________________________________________________________________

Please indicate whether you have:

• Graduated from Economic Literacy training: Yes No
• Completed asset-specific education: Yes No
• Met individually with IDA Program about your asset purchase: Yes No

Please describe in detail what you plan to purchase with your IDA funds:
__________________________________________________________________________________
__________________________________________________________________________________

Payment Information
To whom should your purchase check be made out (the vendor selling the asset you are buying)?
Name: __________________________________________ Phone Number: (____)________
Street: __________________________________________
City: __________________________________________ State: ____ Zip Code: ______

Amount from your IDA savings: $___________
Amount from your IDA match: + $___________
Other funds or resources: + $___________
Total cost of your asset purchase: = $___________
Have you attached copies of:

- purchase documents (i.e., estimates, work orders, tuition bills)
- your written small business plan
- any other required documentation

After your qualified withdrawal vendor check is ready, should we:

- mail directly to the vendor at the address indicated above.
- hold at (Agency name) offices for pick-up by you (please explain why this is necessary):
  __________________________________________________________
  __________________________________________________________
  __________________________________________________________

Applicant Certification

My signature below certifies that all information provided on this withdrawal request form is accurate and complete to the best of my knowledge. In addition, I understand that it may take up to ten business days to fill my qualified withdrawal request and prepare a vendor check.

Signature: ____________________________________________ Date: __________________

Applicants under age 18 must have the consent of a parent or guardian:

My signature below certifies that I am a parent or guardian of the minor Applicant on this application and that I certify the information on this form is accurate and complete.

Signature: ____________________________________________ Date: __________________
Relationship to Participant: __________________________________________________________

For Office Use Only

Site Number: ______________ Date received: ______________
Form reviewed by: ______________  □ Form Complete  □ IDA dollar amounts verified
Withdrawal:  □ Approved  □ Denied
  Date: ______________ By: ______________
Check requested:  Date: ______________ By: ______________
Check issued / received: Date: ______________

Please return completed form to (Name) at (Agency Name, Address)
For questions, please call (Name) at xxx-xxx-xxxx.
(Name of Agency) has developed the leave of absence policy described on this page in recognition of the fact that IDA Program Participants may, from time to time, be faced with circumstances that make regular IDA savings impossible for a limited period of time. Leaves of absence are designed to give Participants the opportunity to weather short-term financial crises, regain their financial equilibrium and ability to save, and remain a part of the IDA Program. As a part of the leave process, IDA Program staff will work with Participants to diagnose and create a strategy to respond to the financial crisis that precipitated the leave request. Leaves of absence are not appropriate for Participants who are experiencing chronic rather than temporary financial crisis and are not able or willing to work on a strategy for being able to make regular IDA savings deposits in the foreseeable future.

Eligibility - Participants who have fallen behind two months or more in making monthly IDA savings deposits, and who have demonstrated a commitment to the IDA Program by remaining in contact with the program staff and/or developing a plan to work toward consistent saving, may be eligible for a leave of absence. All leave requests will be approved or denied at the discretion of program staff.

Procedure - Participants who have fallen behind two months or more in making monthly IDA savings deposits and meet leave of absence eligibility requirements may request a leave as an alternative to being dismissed from the program as follows:

- Participants requesting leaves complete a Leave of Absence Request Form and submit it to program staff. Forms must include reasons a leave is requested and dates of a proposed leave.
- Participants requesting a leave must meet individually with program staff to create a strategy for a return to regular savings and to discuss requirements for program reentry.
- Participants on leave must remain in contact with program staff to keep them apprised of their personal and financial well being.
- Approximately four weeks before a leave’s scheduled end date, the Participant on leave should contact program staff to review his or her potential for reentry into the program.
- Upon readmission, program staff should prepare an IDA account statement to reflect the returning Participant’s updated account balance.
- Participants who do not qualify for reentry by the end date of their leave will be notified by program staff and will have their IDA savings account closed and the funds returned to them.
**Status while on Leave** - Participants who are on leave will not accumulate match funds and will not receive monthly program account statements. However, Participants who are on a leave may keep their IDA account open, are expected to attend on-going peer support and personal finance meetings, and will remain on the program's mailing list. While on a leave, Participants may make deposits directly into their IDA accounts as they did prior to going on leave.

**Duration** - Leaves of absence may be for as little as one calendar month and as long as six full calendar months.

**Reentry into the Program** - Participants who, while on leave, meet the requirements as stated above (keeping in contact with program staff, attending Financial Education and/or Savings Clubs) may be reinstated into the program, at the discretion of IDA Program Staff, if it is determined that the Participant will be able to adhere to the savings requirements of the program. Upon reentry, Participants will receive retroactive matching fund credit for any savings deposits made while on leave.

**Leave End without Program Reentry** - Participants who do not qualify for reentry into the program before the scheduled end date of their leave will be dismissed from the program and will forfeit any accumulated match funds. Program staff will notify such Participants and follow standard procedures to close their IDA accounts.
IDA Program Leave of Absence Request Form

Personal Information

Name: ___________________________ Social Sec. No.: _____ - ___ - ______
Street: ________________________________________ Apt #: ______
City: __________________________________ State: ______ Zip Code: ______
Home Phone: (___) _______ Work Phone: (___) _______ Cell Phone: (___) _______

Savings History & Status

Date started in (IDA Program Name): __________________
Current IDA account balance: $ ______________
Date of last IDA deposit: __________________
Amount of last IDA deposit: $ ______________

Leave Request

Reason for requesting leave: ______________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Length of leave you are requesting (maximum of 6 months): __________________________

Applicant Certification

I have read and understand the IDA Program Leave of Absence policy and understand that my application for leave, if approved, will be subject to the terms and conditions of this policy.

My signature below certifies that all information provided on the form is accurate and complete to the best of my knowledge.

Signature: ___________________________ Date: ______________
Participant Complaint Policy and Procedure

Complaint Policy

IDA Program Applicants or Participants may file complaints if such individuals disagree with the Agency’s determination or activities related to:

a.) Acceptance into the IDA Program
b.) Selection of Participants from the IDA Program Applicant pool
c.) Provision of Financial Education or Asset-Specific Training
d.) Savings Plan elements or conditions
e.) Savings Plan modification
f.) Savings Goal approval (the asset for which the IDA is established)
g.) Timely IDA establishment
h.) Emergency withdrawal of Participant’s savings from their IDA
i.) Leave of Absence from the IDA Program
j.) Termination from the IDA Program
k.) IDA savings access and matching contribution provision for asset purchase

The Agency shall provide Applicants with a copy of this Complaint Policy and Procedure during the Program Orientation or upon acceptance into the Program. Provision to Applicants of the Participant’s Handbook shall satisfy this requirement.

Complaints must be in writing, and must be filed with the Agency’s IDA Program Director. The IDA Program Director shall forward complaints to the DOL authorized representative, who shall review the complaint and respond to the complainant directly in writing, and shall provide a copy of such response to the IDA Program Director. The DOL authorized representative’s decision shall be final.

Complaint Procedure

a.) Applicants or Participants may file written complaints by submitting the following information to the Agency’s IDA Program Director within seven (7) calendar days of the occurrence that is the basis of the complaint.

i.) Name, address, telephone number of complainant,
ii.) Date and description of occurrence that is the basis of the complaint, and
iii.) Complainant signature and date signed.

b.) The Agency’s IDA Program Director shall forward complaints to the DOL authorized representative within ten (10) calendar days of having
received the complaint from the complainant, and shall include copies of Application Forms, Savings Plan Agreements or other documents pertinent to the complaint. The complainant also may request inclusion of supporting documentation for the complaint. The IDA Program Director shall notify the complainant of provision of any supporting documentation for the complaint. The IDA Program Director shall provide any additional documentation requested by the DOL authorized representative to facilitate complaint resolution.

c.) The DOL authorized representative shall review the complaint and respond to the complainant directly in writing within twenty-one (21) calendar days of having received the complaint from the IDA Program Director. The review and final determination of the complaint by the DOL IDA authorized representative shall be final.
Collaborative Partners

The following agencies have agreed to offer services to the CT IDA Program:

- For IDA Participants who take part in Jobs First Employment Services, The Connecticut Department of Labor (DOL) has arranged that if such participation in an IDA program is not noted in a participant’s Employment Plan or Individual Performance Contract, then childcare and transportation support can be provided as necessary for the times that the participant is attending the IDA Program. Jobs First Case Managers receive periodically updated lists of IDA programs throughout the state from the Connecticut Department of Labor.

- The Connecticut Department of Social Services (DSS) offers program referrals and information to working TANF recipients, and assistance to Program Operators in their role of providing crisis intervention for IDA Program Participants who are TANF-eligible. DSS has committed to working with our IDA Programs with crisis intervention for working TANF recipients by helping to resolve circumstances that would precipitate emergency withdrawals from IDAs or prevent a Participant from completing the IDA Program.

- The Connecticut Department of Higher Education (DHE) offers informational sessions and materials on education and training opportunities, workshops on education credits, and the counseling and referral services of the Education and Employment Information Center for IDA Program Participants saving for post-secondary education.

- Money Management International offers an educator to take part in budgeting and credit workshops designed to assist IDA Participants to reach savings goals.

Others -- Other groups that can be solicited to assist with Financial Education and/or Savings Club presentations are:
  - Housing Finance Authority (CHFA)
  - Non-Profit Housing Agencies/Housing Authorities
  - Lenders/Realtors
  - SBA-funded organizations/SCORE
  - Women’s Business Development Agencies
  - Community Colleges (Business Development of Entrepreneurial Centers)
  - Local Chambers of Commerce
  - Colleges/Financial Aid Representatives
  - Trade Schools/Apprenticeships
  - Job Training Entities/Workforce Development/Career Counselors
  - Industry Associations
  - Banks
  - Cooperative Extension Services
Resources and Links

- **Assets and the Poor: A New American Welfare Policy**, by Michael Sherraden; M.E. Sharpe, Inc., 1991. Written by Dr. Sherraden, Director of the Center for Social Development (SCD), Washington University, St. Louis, is the book that introduced the IDA concept. This book may be special-ordered in bookstores or ordered directly from the publisher at (914) 273-1800.

- The Corporation for Enterprise Development (CFED). CFED (777 North Capitol Street, NE, Suite 410, Washington, DC 20002) is an independent, non-profit organization whose mission is to foster widely shared and sustainable economic well-being by building economies, enterprises and assets in communities throughout the country and internationally. It has been in the forefront of the IDA movement. CFED has many IDA-related publications available for ordering. Go to [http://cfed.org](http://cfed.org).

- The IDA Learning Network, sponsored by CFED, includes overall, state-by-state, information on IDA programs and policy. You can log onto the Network at [www.idanetwork.org](http://www.idanetwork.org).

- IDA List serve. CFED also sponsors an IDA list serve that is an excellent way to benefit from the shared information of IDA implementers all over the U.S. You can join the list serve by sending a blank e-mail to idanetwork-subscribe@cfed.org.

- The Center for Social Development’s Website, [http://gwbweb.wustl.edu/csd](http://gwbweb.wustl.edu/csd), includes information on asset-building research, state IDA policy, and American Dream Demonstration evaluation information. There are also many IDA-related publications that you can order through the website or by calling (314) 935-7433. The Center for Social Development is located at Washington University in St. Louis.

- If you have need for training or technical assistance for your IDA Program, or have questions about best practices, funding sources for IDAs, or other IDA-related issues, please contact:

  Marie Hawe, L.C.S.W.
  NEON Stamford,
  34 Woodland Ave.
  Stamford, CT 06902
  Phone: (203) 352-4851
  Fax: (203) 352-2972
  E-mail: mhawe@neoncaa.org
IDA Workshop Evaluation

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<tr>
<th>Workshop Information</th>
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<tr>
<td>Date: _______________</td>
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<tr>
<td>Location: ________________</td>
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<tr>
<td>Facilitator(s): ____________________________________________________</td>
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<td>Topic(s) Covered: __________________________________________________</td>
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<tr>
<td>Please circle one for each question:</td>
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<td>I would rate the quality of the workshop content:</td>
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<td>I would rate the quality of the workshop presentation:</td>
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<td>I would rate the quality of the workshop facilitators:</td>
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| Please circle one for each question: |
| I felt the facilitators listened to my opinions and experiences: |
| 1 | 2 | 3 | 4 | 5 |
| I felt the group listened to my opinions and experiences: |
| 1 | 2 | 3 | 4 | 5 |
| I learned a lot of useful information in the workshop: |
| 1 | 2 | 3 | 4 | 5 |
| This workshop was relevant to me: |
| 1 | 2 | 3 | 4 | 5 |

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<th>Comments &amp; Suggestions</th>
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### IDA Attendance Sheet

Event name, date and location: ____________________________________________________________

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<th>NAME</th>
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